

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province Cebu	Registry No. 2016-1043
City/Municipality Balamban	

CHILD	1. NAME (First) Zander Jose (Middle) Calvo (Last) Dundum		
	2. SEX (Male / Female) Male	3. DATE OF BIRTH (Day) 30 (Month) April (Year) 2016	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) Dundum Medical Clinic Balamban Cebu (City/Municipality) (Province)		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including胎死 in utero) (First, Second, Third, etc.) Third

MOTHER	7. MAIDEN NAME (First) Kim Carla (Middle) (Last) Calvo				
	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT Roman Catholic		
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION Sales executive rep.	12. AGE at the time of this birth (completed years) 30
	13. RESIDENCE (House No., St., Barangay) Aliwanay Balamban Cebu Philippines (City/Municipality) (Province) (Country)				

FATHER	14. NAME (First) Joseph Jeremy (Middle) Aghay (Last) Dundum			
	15. CITIZENSHIP Filipino	16. RELIGION/RELIGIOUS SECT Roman Catholic	17. OCCUPATION none	18. AGE at the time of this birth (completed years) 31
	19. RESIDENCE (House No., St., Barangay) Aliwanay Balamban Cebu Philippines (City/Municipality) (Province) (Country)			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) December (Day) 24 (Year) 2015	20b. PLACE (City/Municipality) Balamban (Province) Cebu (Country) Philippines		
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **2:30** am/pm on the date of birth specified above.

Signature	Address Dundum Medical Clinic Balamban, Cebu
Name in Print VERNON M. DUNDUM M.D.	
Title or Position Physician	Date May 17, 2016

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature
Name in Print KIM CARLA C. DUNDUM
Relationship to the Child Mother
Address Aliwanay, Balamban, Cebu
Date May 17, 2016

23. PREPARED BY

Signature
Name in Print DANITA D. SERUNDO
Title or Position Clerk
Date May 17, 2016

24. RECEIVED BY

Signature
Name in Print LOWELA V. BENDEBEL
Title or Position ADMIN. AIDE III
Date MAY 17, 2016

25. REGISTERED BY THE CIVIL REGISTRAR

Signature
Name in Print ADELINA A. ULBINARIO
Title or Position MUNICIPAL CIVIL REGISTRAR
Date MAY 17, 2016

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)