

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2016 14346
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) ZACH ANTHONY POLIQUIT LOBERANES			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 27 MAY 2016		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N. A.	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3300 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) CHERRY ANN SALES POLIQUIT			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 25			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) VILLA BUSCA, BULACAO TALISAY CITY CEBU PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last) LORENEL MONTERON LOBERANES		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SALES CLERK
	18. AGE at the time of this birth (completed years) 25		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) VILLA BUSCA, BULACAO TALISAY CITY CEBU PHILIPPINES			

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

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED
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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 **11:35 P.M.** am/pm on the date of birth specified above.

Signature _____	Address SAMCH - BASAK SAN NICOLAS
Name in Print DR. ORLANDO N. OSORIO	CEBU CITY, CEBU
Title or Position Medical Officer IV	Date MAY 27, 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 **CHERRY ANN S. POLIQUIT**

Relationship to the Child **Mother**

Address **Villa Busca, Bulacao, Talisay City, Cebu**

Date **May 27, 2016**

23. PREPARED BY

Signature _____

Name in Print **JANSKY KARLA A. TORRANO**

Title or Position **Nurse I**

Date **May 27, 2016**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAV**

Title or Position **Administrative Aide III**

Date **07 JUN 2016**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____

Name in Print **HENRY P. TOMALABCAD**

Title or Position **ASST. CITY CIVIL REGISTRAR**

Date **07 JUN 2016**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)