

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2017 16030**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **THEO JOHN** (Middle) **BACALLA** (Last) **TOLENTIN**
 2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Month) **June** (Year) **2017**
 4. PLACE OF BIRTH (Name of Hospital/Infirmary/Room/ House No. / St., Barangay) **SACRED HEART HOSPITAL URGELLO ST., CEBU CITY, CEBU** (Province)
 5a. TYPE OF BIRTH (Single, twin, triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of this birth to previous livings, including stillborns) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3315** grams

MOTHER

7. MAIDEN NAME (First) **EMELYN** (Middle) **NOSIDO** (Last) **BACALLA**
 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 **CSR** 12. AGE at the time of this birth (completed years) **23**
 13. RESIDENCE (House No., St., Barangay) **STA. ANA, BANAWA (CAPACULAN), CEBU CITY, CEBU, PHILIPPINES** (City/Municipality) (Province) (Country)

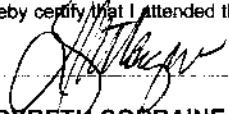
FATHER

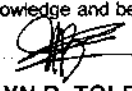

14. NAME (First) **MARK ANTHONY** (Middle) **EUMAGUE** (Last) **TOLENTIN**
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CSR** 18. AGE at the time of this birth (completed years) **25**
 19. RESIDENCE (House No., St., Barangay) **STA. ANA, BANAWA (CAPACULAN), CEBU CITY, 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) (Day) (Year) **January 7, 2017** 20b. PLACE (City / Municipality) (Province) (Country) **CEBU CITY, CEBU, PHILIPPINES**

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Additional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Hilot, Additional Birth Attendant/Hilot, etc.)
 I hereby certify that I attended the birth of the child who was born alive at **10:40 PM** on the date of birth specified above.
 Signature  Address **C/O Sacred Heart Hospital**
 Name in Print **FLORYBETH CORRAINE M. TAGUBA, M.D.** **Urgello St, Cebu City**
 Title or Position **Attending Physician** Date **June 17, 2017**

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 **EMELYN B. TOLENTIN**
 Relationship to the Child **Mother**
 Address **Sta. Ana, Banawa (Capaculan), C.C.**
 Date **June 17, 2017**
 24. RECEIVED BY
 Signature 
 Name in Print **LUZ N. CUGAY**
 Title or Position **Administrative Aide III**
 Date **22 JUN 2017**

23. PREPARED BY
 Signature 
 Name in Print **HAIDEE M. ORNOIA**
 Title or Position **Head - Medical Records**
 Date **June 17, 2017**
 25. REGISTERED BY THE CIVIL REGISTRAR
 Signature 
 Name in Print **PHILIPP A. MEGABON**
 Title or Position **REGISTRATION OFFICER IV**
 Date **22 JUN 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)