



(Copy for DCRG)

(To be accomplished in quadruplicate)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 18a.)

Province CEBU City/Municipality CEBU CITY Registry No. 95-9632

1. NAME (First) IVY (Middle) ONDAC (Last) ONDAC

2. SEX XX 1 Male XX 2 Female 3. DATE OF BIRTH (day) (month) (year) 25 APRIL 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) VICENTE SOTTO MEMORIAL MEDICAL CENTER CEBU CITY

5a. TYPE OF BIRTH XX 1 Single XX 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First XX 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) 1 (first, second, third, etc.) d. WEIGHT AT BIRTH 2608 grams

6. MAIDEN NAME (First) ILUMINADA (Middle) ORONG (Last) ONDAC

7. CITIZENSHIP PHILIPINO 8. RELIGION R.C.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) CAMBAGTI GINATILIAN CEBU

13. NAME (First) UNKNOWN (Middle) (Last)

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A.

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) N.A.

19a. ATTENDANT XX 1 Physician XX 2 Nurse 3 Midwife 4 Midot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 2:50p.m. o'clock am/pm on the date stated above.

Signature GRACE ABUGAN-F.H. D. Address VSHMC CEBU CITY  
Name in Print MEDICAL OFFICER III Date APRIL 25, 1995

20. INFORMANT Signature LUMINADA ONDAC Address CAMBAGTI GINATILIAN CEBU  
Name in Print MOTHER Date APRIL 25, 1995

21. PREPARED BY Signature ARACELY MORA Date APRIL 25, 1995  
Name in Print MORSA  
Title or Position  
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature ARMIDA A. MUNEZ  
Name in Print CLERK III  
Title or Position  
Date APRIL 25, 1995

REMARKS/ANNOTATION	
For DCRG USE ONLY: Population Reference No.	
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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MS. SARITA R. OJEDA  
Clerk III  
11/07/2011 03:14:01 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS (RODRIGO O. JAVIER AND ILLUMINADA O. ONDAC) ON JUNE 28, 1996 AT GINATILIAN, CEBU. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: IVY ONDAC JAVIER

04333-CB-004DBR-00049-B1004

BReN 02217-A95HR17-5

*Carmelita N. Ericta*  
CARMELITA N. ERICTA

Administrator and Civil Registrar General  
National Statistics Office



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Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

Province \_\_\_\_\_ Registry No. \_\_\_\_\_  
City/Municipality \_\_\_\_\_

1. NAME (First) YZSHA (Middle) JAVIER (Last) SANTILLAN  
2. SEX (Male/Female) Female 3. DATE OF BIRTH (Day) 23 (Month) February (Year) 2016  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay) \_\_\_\_\_ (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 as produced from children including total death) (First, Second, Third, etc.) \_\_\_\_\_ 6. WEIGHT AT BIRTH 2630 grams

7. MAIDEN NAME (First) Ivy (Middle) ONDAC (Last) JAVIER  
8. CITIZENSHIP Roman Catholic 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 \_\_\_\_\_ 12. AGE at the time of this birth (completed years) 21  
13. RESIDENCE (House No., St., Barangay) Cambogte, Ginatilan, Cebu City (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

14. NAME (First) ROY JOHN (Middle) SAVIE (Last) SANTILLAN  
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION \_\_\_\_\_ 18. AGE at the time of this birth (completed years) \_\_\_\_\_  
19. RESIDENCE (House No., St., Barangay) Mohon II after site 7800, Cebu City, PH (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) \_\_\_\_\_ 20b. PLACE (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

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 11:50 am/pm on the date of birth specified above.  
Signature Dr. Sabaluz Address \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_ Relationship to the Child \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
23. PREPARED BY  
Signature \_\_\_\_\_ Name in Print Adrian A. ... Title or Position \_\_\_\_\_ Date Feb 23, 2016

24. RECEIVED BY  
Signature \_\_\_\_\_ Name in Print \_\_\_\_\_ Title or Position \_\_\_\_\_ Date \_\_\_\_\_  
25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in Print \_\_\_\_\_ Title or Position \_\_\_\_\_ Date \_\_\_\_\_

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)