

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

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|------------------------------------|-----------------------------------|
| Province CEBU | Registry No. 2014 00569 |
| City/Municipality CEBU CITY | |

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| 1. NAME (First) BLYTE MESSIAH | (Middle) MACARON | (Last) ARANCO |
| 2. SEX (Male / Female) MALE | 3. DATE OF BIRTH (Day) 15 | (Month) DECEMBER (Year) 2013 |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) STO. NIÑO MATERNITY & WELLNESS CLINIC CEBU CITY CEBU | | |
| 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) | 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) |
| 6. WEIGHT AT BIRTH | | |

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| 7. MAIDEN NAME (First) CHARINA | (Middle) ORTIZ | (Last) MACARON |
| 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 NONE | | 12. AGE at the time of this birth (completed years) 19 YRS. OLD |
| 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SAPANGDAKU CEBU CITY CEBU PHILIPPINES | | |

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| 14. NAME (First) BRET XYRIEL | (Middle) LOPEZ | (Last) ARANCO |
| 15. CITIZENSHIP FILIPINO | | 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC |
| 17. OCCUPATION NONE | | 18. AGE at the time of this birth (completed years) 19 YRS. OLD |
| 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) MOHON 2, TISA CEBU CITY CEBU PHILIPPINES | | |

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

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| 20a. DATE (Month) (Day) (Year) NOT MARRIED | 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE |
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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 **03:53** am/pm on the date of birth specified above.

Signature _____ Address **STO. NIÑO MATERNITY & WELLNESS CLINIC CEBU CITY CEBU**
 Name in Print **DR. MARBEE PHERNVIC B. TORRIZO**
 Title or Position **PHYSICIAN** Date **DECEMBER 15, 2013**

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 **CHARINA O. MACARON**
 Relationship to the Child **MOTHER**
 Address **SAPANGDAKU, CEBU CITY**
 Date **DECEMBER 15, 2013**

23. PREPARED BY
 Signature _____
 Name in Print **GERALDINE B. GERALDIZO**
 Title or Position **MIDWIFE**
 Date **DECEMBER 15, 2013**

24. RECEIVED BY
 Signature _____
 Name in Print **LIZ N. CUGAY**

25. REGISTERED BY THE CIVIL REGISTRAR
 Signature _____
 Name in Print _____