

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province <u>CEBU</u>	Registry No. 2018 27458
City/Municipality <u>CEBU CITY</u>	

CHILD	1. NAME (First) (Middle) (Last) CHRISTEL LORRAINE PULVERA RAMBOY		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 8 OCTOBER 2018	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MILDRED JUMAMOY PULVERA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT BORN AGAIN	
	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 CUSTOMER SERVICE REP.
	12. AGE at the time of this birth (completed years) 38			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) VILLA KALUBIHAN BASAK, SAN NICOLAS, CEBU CITY, CEBU, PHILS.				

FATHER	14. NAME (First) (Middle) (Last) NOEL LLORENTE RAMBOY		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION ASST. CLERK		18. AGE at the time of this birth (completed years) 37
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) VILLA KALUBIHAN BASAK, SAN NICOLAS, CEBU CITY, CEBU, PHILS.		

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

20a. DATE (Month) (Day) (Year) APRIL 12, 2007	20b. PLACE (City / Municipality) (Province) (Country) CAPITOL CEBU CITY, CEBU PHILS.
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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 **2:00 PM** am/pm on the date of birth specified above.

Signature _____	Address CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY
Name in Print IRENE R. IMPERIAL, M.D.	Date _____
Title or Position PHYSICIAN	

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 **MILDRED P. RAMBOY**

Relationship to the Child **MOTHER**

Address **BASAK SAN NICOLAS, CEBU CITY, CEBU**

Date **8 OCTOBER 2018**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **ADMINISTRATIVE AIDE III**

Date **OCT 17 2018**

23. PREPARED BY **8 OCTOBER 2018**

Signature _____

Name in Print **STANLEY E. LIBOR**

Title or Position **CLERK**

Date **8 OCTOBER 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **PHILIPPA MEGARON**

Title or Position **REGISTRATION OFFICER IV**

Date **OCT 17 2018**

REMARKS/ANNOTATIONS (For LCR/OCR Use Only)

