

# CERTIFICATE OF LIVE BIRTH

Province <b>CEBU</b>		Registry No. <b>2013 07473</b>	
City/Municipality <b>CEBU CITY</b>			
1. NAME (First) <b>CHRISTOPHER LORENCE</b>		(Last) <b>RAMBOY</b>	
(Middle) <b>PULVERA</b>			
2. SEX (Male/Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>9</b>	(Month) <b>MARCH</b>	(Year) <b>2013</b>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Particular/Institution) <b>CEBU PUEB CENTER'S MATERNITY HOUSE INC. CEBU CITY, CEBU</b>			
(City/Municipality) <b>CEBU CITY</b>			
(Province) <b>CEBU</b>			
(Country) <b>PHILIPPINES</b>			
5a. TYPE OF BIRTH: (Single, Twin, Triplet, etc.) <b>SINGLE</b>		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>SECOND</b>	
5c. BIRTH ORDER (Order of the birth in previous live births including stillbirth) (First, Second, Third, etc.) <b>SECOND</b>		5d. WEIGHT AT BIRTH <b>3.500</b> grams	
7. MAIDEN NAME (First) <b>MILDRED</b>		(Last) <b>PULVERA</b>	
(Middle) <b>JHAMOY</b>			
8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>BORN AGAIN</b>	
10a. Total number of children born alive <b>2</b>		10b. No. of children still living including this birth <b>2</b>	
10c. No. of children, born alive but are now dead <b>0</b>		11. OCCUPATION <b>CALL CENTER AGENT</b>	
12. AGE at the time of the birth (Completed years) <b>33</b>			
13. RESIDENCE (House No., St., Barangay) <b>VILLA KALUBIHAN BASAK SAN NICOLAS, CEBU CITY, CEBU, PHILS.</b>			
(City/Municipality) <b>CEBU CITY</b>			
(Province) <b>CEBU</b>			
(Country) <b>PHILS.</b>			
14. NAME (First) <b>NOEL</b>		(Last) <b>RAMBOY</b>	
(Middle) <b>LLORENTE</b>			
15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
17. OCCUPATION <b>ASST. CLERK</b>		18. AGE at the time of the birth (Completed years) <b>31</b>	
19. RESIDENCE (House No., St., Barangay) <b>VILLA KALUBIHAN BASAK SAN NICOLAS, CEBU CITY, CEBU, PHILS.</b>			
(City/Municipality) <b>CEBU CITY</b>			
(Province) <b>CEBU</b>			
(Country) <b>PHILS.</b>			
MARRIAGE OF PARENTS (If not married, acknowledge Affidavit of Acknowledgment of Parentage or Affidavit of Parentage at the back)			
20a. DATE (Month) <b>APRIL</b>		(Day) <b>12</b>	
(Year) <b>2007</b>		20b. PLACE (City/Municipality) <b>CEBU CITY, CEBU, PHILIPPINES</b>	
(Province) <b>CEBU</b>		(Country) <b>PHILIPPINES</b>	
21a. ATTENDANT			
<input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)			
I hereby certify that I attended the birth of the child who was born alive at <b>10:00 AM</b> on the date of birth specified above.			
Signature <i>Aileen Ella L. Dango</i>		Address <b>CEBU PUEB CENTER'S MATERNITY HOUSE INC., CEBU CITY</b>	
Name in Print <b>AILEENE ELLA L. DANGO, M.D.</b>			
Title or Position <b>PHYSICIAN</b>		Date <b>9 MARCH 2013</b>	
22. CERTIFICATION OF INFORMANT			
I hereby certify that all information supplied are true and correct to my own knowledge and belief.			
Signature <i>Mildred P. Rambo</i>		Signature <i>Benito Jay S. Guiron III</i>	
Name in Print <b>MILDRED P. RAMBOY</b>		Name in Print <b>BENITO JAY S. GUIRON III</b>	
Relationship to the Child <b>MOTHER</b>		Title or Position <b>ASST. REC. IN-CHARGE</b>	
Address <b>BASAK SAN NICOLAS, CEBU CITY</b>		Date <b>9 MARCH 2013</b>	
Date <b>9 MARCH 2013</b>			
24. RECEIVED BY			
Signature <i>Ridolito P. Ybanez</i>		Signature <i>Oscar B. Molo</i>	
Name in Print <b>RIDOLITO P. YBANEZ</b>		Name in Print <b>OSCAR B. MOLO</b>	
Title or Position <b>ADMINISTRATIVE AIDE I</b>		Title or Position <b>ASST. CITY CIVIL REGISTRAR</b>	
Date <b>MAR 11 2013</b>		Date <b>MAR 11 2013</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
15	16	17	18