

OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Registry No.
2016 00375

Province **CEBU**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) (Middle) (Last)
RYZEL DEBORAH MAYAGMA MONTEBON

2. SEX (Male / Female)
FEMALE

3. DATE OF BIRTH (Day) (Month) (Year)
15 DECEMBER 2015

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)
SINGLE

5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
N/A

5c. BIRTH ORDER (Order of this birth to one reproductive female including fetal death) (First, Second, Third, etc.)
1ST

6. WEIGHT AT BIRTH
3,500 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
LEIZL VILLACAMPO MAYAGMA

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

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
NANGKA CONSOLACION CEBU PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
CESAR RYAN DALIDA MONTEBON

15. CITIZENSHIP
FILIPINO

16. RELIGION/RELIGIOUS SECT
ROMAN CATHOLIC

17. OCCUPATION
NONE

18. AGE at the time of birth (Completed years)
20

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
NANGKA CONSOLACION CEBU PHILIPPINES

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

20a. DATE (Month) (Day) (Year)
NOT MARRIED

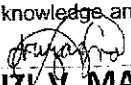
20b. PLACE (City / Municipality) (Province) (Country)
NOT MARRIED


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, Hilot, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **5:11 PM** am/pm on the date of birth specified above

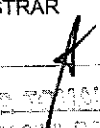
Print **MICHELLE ALANTARA, MD** Address **VSMMC, CEBU CITY, CEBU**
Position **MEDICAL OFFICER III** Date **DECEMBER 15, 2015**

CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature 
Name in Print **LEIZL V. MAYAGMA**
Relationship to the Child **MOTHER**
Address **CONSOLACION, CEBU**
Date **DECEMBER 15, 2015**

24. RECEIVED BY
Signature 
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **05 JAN 2016**

23. PREPARED BY
Signature 
Name in Print **ALONA J. MONTEJO**
Title or Position **CLERK**
Date **DECEMBER 15, 2015**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature 
Name in Print **JOVITO T. MORAL**
Title or Position **ASST. CITY CIVIL REGISTRAR**
Date **05 JAN 2016**