

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2018-05116
City/Municipality MANDAUE CITY

1. NAME (First) (Middle) (Last)
LIAM GREY MAPULA VALENZONA

2. SEX (Male/Female) **MALE** 3. DATE OF BIRTH (Day) (Month) (Year)
12 JUNE 2018

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL JAGOBIAO MANDAUE CITY CEBU

5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c. BIRTH ORDER (Order of this child to previous live births, including fetal death) (First, Second, Third, etc.) **SECOND** 6. WEIGHT AT BIRTH **2410** grams

7. MAIDEN NAME (First) (Middle) (Last)
RUBIE MONDEJAR MAPULA

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (complete years) **28**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ZONE AGBATE, PAKNA-AN, MANDAUE CITY CEBU PHILIPPINES

14. NAME (First) (Middle) (Last)
IAN GILES VIOVICENTE VALENZONA

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER ASSISTANT/REPRESENTATIVE** 18. AGE at the time of this birth (complete years) **30**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ZONE AGBATE, PAKNA-AN, MANDAUE CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **DECEMBER 12, 2013** 20b. PLACE (City/Municipality) (Province) (Country)
MEDÉLLIN CEBU PHILIPPINES

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 **03:11 AM** am/pm on the date of birth specified above.

Signature _____ Address **C/O EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL, JAGOBIAO, MANDAUE CITY, CEBU**
Name in Print **DOROTHY V. SAGALES, MD, FPOGS**
Title or Position **OBSTETRICIAN/GYNECOLOGIST** Date **JUNE 12, 2018**

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 **IAN GILES VIOVICENTE VALENZONA**
Relationship to the Child **FATHER**
Address **ZONE AGBATE, PAKNA-AN, MANDAUE CITY, CEBU**
Date **JUNE 12, 2018**

23. PREPARED BY
Signature _____
Name in Print **FRANKLYN PORQUIDO RONDINA**
Title or Position **HEALTH INFORMATION MGT. AIDE**
Date **JUNE 12, 2018**

24. RECEIVED BY _____
Signature _____
Name in Print **THELMA C. CRISOL DORADO**
Title or Position **CITY CIVIL REGISTRAR**
Date **JUN 21 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **THELMA C. CRISOL DORADO**
Title or Position **CITY CIVIL REGISTRAR**
Date **JUN 21 2018**

REMARKS/ANNOTATIONS (For use of the Office of the Registrar General and in behalf of the City Civil Registrar)

