

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province **CEBU**
City/Municipality **CEBU CITY** **2010015795**

CHILD	1. NAME (First) (Middle) (Last) DRANREB ZHAR DEPARNE BASE
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
	3. DATE OF BIRTH (day) (month) (year) 28 MAY 2010
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU
MOTHER	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.
	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) FIRST
FATHER	d. WEIGHT AT BIRTH _____ grams 2,850
	6. MAIDEN NAME (First) (Middle) (Last) ROXIELYN AGUANTA DEPARNE
	7. CITIZENSHIP FILIPINO
	8. RELIGION ROMAN CATHOLIC
9a. Total number of children born alive: _____	
b. No. of children still living including this birth: 1	
c. No. of children born alive but are now dead: 0	
10. OCCUPATION HOUSEKEEPER	
11. Age at the time of this birth: 18 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) RAMONA VILLAGE, TALISAY CITY, CEBU	
FATHER	13. NAME (First) (Middle) (Last) BERN TORRES BASE
	14. CITIZENSHIP FILIPINO
	15. RELIGION ROMAN CATHOLIC
16. OCCUPATION CALL CENTER AGENT	
17. Age at the time of this birth: 20 years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **9:37 PM** o'clock
am/pm on the date stated above.

Signature **JANET G. SERRANO, M.D.**
Name in Print **PHYSICIAN**
Title or Position **PHYSICIAN**

Address **CEBU PUER. CTR & MATERNITY HOUSE, INC., CEBU CITY**
Date **28 MAY 2010**

20. INFORMANT
Signature **ROXIELYN Z. DEPARNE**

Address **RAMONA VILLAGE, TALISAY CITY, CEBU**

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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