

Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Registry No.

2015 12927

Province CEBU

City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) RHADA MIA KASSANDRA MAHIDLAWON ALIPIN		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 30 APRIL 2015	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER & CHILD HOSPITAL, BASAK SAN NICOLAS, 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 previous live births including fetal death) (First, Second, Third, etc.) SIXTH

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) REEZA MARIE MAKINANO MAHIDLAWON			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 5	10b. No. of children still living including this birth 5	10c. No. of children born alive but are now dead 0	11. OCCUPATION CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 26			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 151 MA. GOTCHAN, MAMBALING CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) RODR PARAZ ALIPIN		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION NONE
	18. AGE at the time of this birth (completed years) 24		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 151 MA. GOTCHAN, MAMBALING CEBU CITY 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
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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 **12:04 A.M.** am/pm on the date of birth specified above.

Signature _____ Address **SAMCH - BASAK SAN NICOLAS**

Name in Print **DR. AILEEN QUE ESTEVES-CUSTODIO** **CEBU CITY, CEBU**

Title or Position **Contractual Medical Officer III** Date **APRIL 30, 2015**

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 **REEZA MARIE M. MAHIDLAWON**

Relationship to the Child **Mother**

Address **151 Ma. Gotchan, Mambaling, Cebu City, Cebu**

Date **April 30, 2015**

23. PREPARED BY

Signature _____

Name in Print **MARY KATHLEEN A. ABELLANOSA**

Title or Position **Nurse I**

Date **April 30, 2015**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **ADMINISTRATIVE AIDE III**

Date **15 MAY 2015**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____

Name in Print **NELOYS D. JUALA-BOCAD**

Title or Position **ASST. CITY CIVIL REGISTRAR**

Date **15 MAY 2015**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)