

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province <b>CEBU</b>	Registry No. <b>2011 26961</b>
City/Municipality <b>CEBU CITY</b>	

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>ROD VAN KEILLAN NAHIDLAWON ALIPIN</b>		
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>23 SEPTEMBER 2011</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>NAMBALING HEALTH CENTER, NAMBALING CEBU CITY CEBU</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>3rd</b>

<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>REEZA MARIE MARINANO NAHIDLAWON</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>3</b>	10b. No. of children still living including this birth <b>3</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEWIFE</b>
	12. AGE at the time of this birth (completed years) <b>22</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>151 NA. GOCHAN ST. NAMBALING CEBU CITY CEBU PHILIPPINES</b>				

<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>RODEL PARAZ ALIPIN</b>		
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>LABORER</b>
	18. AGE at the time of this birth (completed years) <b>20</b>		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>151 NA. GOCHAN ST. NAMBALING CEBU CITY CEBU PHILIPPINES</b>		

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

20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>
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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 **7:30pm** am/pm on the date of birth specified above.

Signature _____ Name in Print <b>FELISA P. HABASA</b> Title or Position <b>PHM</b>	Address <b>IBABAO, NAMBALING CEBU CITY</b> Date <b>SEPTEMBER 23, 2011</b>
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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 <b>REEZA MARIE NAHIDLAWON</b> Relationship to the Child <b>MOTHER</b> Address <b>151 NA. GOCHAN ST. NAMBALING C.C.</b> Date <b>SEPTEMBER 23, 2011</b>
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23. PREPARED BY

Signature _____ Name in Print <b>FELISA P. HABASA</b> Title or Position <b>PHM</b> Date <b>SEPTEMBER 23, 2011</b>
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24. RECEIVED BY

Signature _____ Name in Print <b>RIDOLITO P. YBANEZ</b>
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25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____ Name in Print <b>OSCAR B. HOLO</b>
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