

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No.
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) YURIKO YOSHI NEMENZO YPIL			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 07 JANUARY 2016		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER and 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.) FIRST	6. WEIGHT AT BIRTH 3200 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JONAH NILLAS NEMENZO			
	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 HOUSEWIFE
	12. AGE at the time of this birth (completed years) 29			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) DAS, PAG-ASA TOLEDO CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) CRISJEROM MAMADO YPIL		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION FABRICATOR
	18. AGE at the time of this birth (completed years) 31		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) DAS, PAG-ASA TOLEDO CITY CEBU PHILIPPINES			

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

20a. DATE (Month) (Day) (Year) APRIL 30, 2015	20b. PLACE (City / Municipality) (Province) (Country) CONCEPCION CEBU PHILIPPINES
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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 **01:37 A.M.** am/pm on the date of birth specified above.

Signature _____ Name in Print DR. MARIA DINNESA O. GINES Title or Position Medical Officer III	Address SAMCH - BASAK SAN NICOLAS CEBU CITY, CEBU Date JANUARY 07, 2016
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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.	23. PREPARED BY
Signature _____ Name in Print JOSHUA N. YPIL Relationship to the Child Mother Address Das, Pag-asa, Toledo City, Cebu Date January 07, 2016	Signature _____ Name in Print LIZBIE O. AUGUSTO Title or Position Nurse I Date January 07, 2016

24. RECEIVED BY Signature _____	25. REGISTERED BY THE CIVIL REGISTRAR Signature _____
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