

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province Cebu Registry No. **2017 32704**  
City/Municipality Cebu City

CHILD

1. NAME (First) **JHACK** (Middle) **CENIZA** (Last) **DINGLASA**  
2. SEX (Male / Female) Male 3. DATE OF BIRTH (Day) 27 (Month) November (Year) 2017  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, 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.) Second 6. WEIGHT AT BIRTH 2,892 gms

MOTHER

7. MAIDEN NAME (First) **JEAN** (Middle) **ILLUT** (Last) **CENIZA**  
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 00 11. OCCUPATION Employed 12. AGE at the time of birth (completed years) 26  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
Elias Cortes St., Pilit Cabanalan Mandaue City Cebu Philippines

FATHER

14. NAME (First) **GILBERT** (Middle) **EDILLON** (Last) **DINGLASA**  
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Christian 17. OCCUPATION Employed 18. AGE at the time of birth (completed years) 32  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
Elias Cortes St., Pilit Cabanalan Mandaue City Cebu Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE (Month) February (Day) 12 (Year) 2011 20b. PLACE (City / Municipality) (Province) (Country)  
Mandaue City 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 6:32 PM am/pm on the date of birth specified above.  
Signature [Signature] Address Cebu North General Hospital, Inc.  
Name in Print Felisa Grace N. Del Rosario, M.D. Kauswagan Rd., Talamban, Cebu City  
Title or Position Attending Physician Date November 27, 2017

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature [Signature]  
Name in Print Gilbert E. Dinglasa  
Relationship to the Child Father  
Address Elias Cortes St., Pilit Cabanalan, Mandaue City, Cebu  
Date November 27, 2017

23. PREPARED BY  
Signature [Signature]  
Name in Print Renzel C. Colinares  
Title or Position Medical Records Staff  
Date November 27, 2017

24. RECEIVED BY  
Signature [Signature]  
Name in Print LUZ N. CUGAY

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature [Signature]