

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2017 13924
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) CZARINA CLAIRE BACUS MARTIZANO			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 25 MAY 2017		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, 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.) THIRD	6. WEIGHT AT BIRTH 3150 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) GINALYN PACRES BACUS			
	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 0	11. OCCUPATION NONE
	12. AGE at the time of this birth (completed years) 28			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) J.N. JUMALON ST., BASAK, PARDO, CEBU CITY, CEBU, PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) BENJIE ARAYAN MARTIZANO		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION CALL CENTER AGENT
	18. AGE at the time of this birth (completed years) 28		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) J.N. JUMALON ST., BASAK, PARDO, 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) DECEMBER 22 2009	20b. PLACE (City / Municipality) (Province) (Country) ALOGUINSAN, 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 **10:59 AM** am/pm on the date of birth specified above.

Signature _____ Address **C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**

Name in Print **MARILOU MANGUBAT, M.D.**

Title or Position **ATTENDING PHYSICIAN/OB RESIDENT** Date **May 26, 2017**

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 **BENJIE A. MARTIZANO**

Relationship to the Child **FATHER**

Address **J.N. JUMALON ST., BASAK, PARDO, CEBU CITY**

Date **May 26, 2017**

23. PREPARED BY

Signature _____

Name in Print **DANILO C. AMIT**

Title or Position **MEDICAL RECORD CLERK**

Date **May 26, 2017**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

25. REGISTERED BY THE CIVIL REGISTRAR *

Signature _____

Name in Print **PHILIPP A. MEGABON**