



January 1993)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Page X before the appropriate answer in items 2, 5a, 9b and 18a.)

NA. Of
J. H.
OFFICE OF THE

Cebu
Municipality Cebu City Registry No. 2001 11390

1. NAME (First) (Middle) (Last)
ALYN MAY THERESE ROSALADA LUGO

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
3 May 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Yinayas Community Medical Center, Cebu City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
Fourth

7. WEIGHT AT BIRTH (grams)
3350

8. MAIDEN NAME (First) (Middle) (Last)
ESTRELLA BARRILANO ROSALADA

9. CITIZENSHIP Philippine

10. RELIGION Roman Catholic

11. Total number of children born alive: 4

12. No. of children still living including this birth: 4

13. No. of children born alive but are now dead: 0

14. OCCUPATION Housewife

15. Age at the time of this birth: 34 years

16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
VOMA Village Brgy., Apas, Cebu City Cebu

17. NAME (First) (Middle) (Last)
ALEXANDRES OMBRON LUGO

18. CITIZENSHIP Philippine

19. RELIGION Roman Catholic

20. OCCUPATION Driver

21. Age at the time of this birth: 24 years

22. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, acknowledge Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 21, 1991 Buenavista, BOHOL

23a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

23b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:00 A.M. o'clock am/pm on the date stated above.

Signature: *[Signature]* Address: 0/0 VOMA, Cebu City

Name in Print: Reynold O. Tan, M.D. Date: MAY 17, 2001

Title or Position: Attending Physician

24. INFORMANT
Signature: *[Signature]* Address: VOMA Villages, Brgy. Apas, Cebu City

Name in Print: Alexandres O. Lugo Date: MAY 7, 2001

Relationship to the child: Father

25. PREPARED BY
Signature: *[Signature]* Address: 0/0 VOMA, Cebu City

Name in Print: Jocelyn G. Bes-Eb Date: MAY 7, 2001

Title or Position: REG. FILE

26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: *[Signature]* Address: 0/0 VOMA, Cebu City

Name in Print: AGNES DENARDO Date: MAY 11 2001

Title or Position: REG. FILE

For OCRO USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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