

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU City/Municipality CEBU CITY	Registry No. 2018 30148
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CHILD	1. NAME (First) (Middle) (Last) REGN ALLISON SALADAGA		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 26 OCTOBER 2018	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) WELL- FAMILY CLINIC, GUADALUPE CEBU CITY CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) SARAH MAE AMPASIN SALADAGA			
	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 STUDENT
	12. AGE at the time of this birth (completed years) 21			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 194 C TRES DE ABRIL ST. LABANGON CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) UNKNOWN		
	15. CITIZENSHIP NOT APPLICABLE	16. RELIGION/RELIGIOUS SECT NOT APPLICABLE	17. OCCUPATION NOT APPLICABLE
	18. AGE at the time of this birth (completed years) N/A		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) NOT APPLICABLE			

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

20a. DATE (Month) (Day) (Year) NOT APPLICABLE	20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE
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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 **09:31 PM** am/pm on the date of birth specified above.

Signature _____ Address **GUADALUPE, CEBU CITY.**

Name in Print **FLORAME N. QUILARIO**

Title or Position **BSM, RM.** Date **OCTOBER 26, 2018**

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 **SARAH MAE AMPASIN SALADAGA**

Relationship to the Child **MOTHER**

Address **194 C TRES DE ABRIL ST. LABANGON, CEBU CITY**

Date **OCTOBER 26, 2018**

23. PREPARED BY

Signature _____

Name in Print **FLORAME N. QUILARIO**

Title or Position **BSM, RM.**

Date **OCTOBER 26, 2018**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **ADMINISTRATIVE AIDE III**

Date **NOV 13 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **PHILIPP A. MEGABON**

Title or Position **REGISTRATION OFFICER IV**

Date **NOV 13 2018**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) **NOV 13 2018**