



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

Province: **CEBU** Registry No.: **2012 13102**  
 City/Municipality: **CEBU CITY**

**CHILD**

1. NAME (First) (Middle) (Last)  
**FREDCIOUS NOELANS NOVERO ABURE**

2. SEX (Male/Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**21 APRIL 2012**

4. PLACE OF BIRTH (Name of Hospital, Clinic, Maternity Home, etc.) (City/Municipality) (Province)  
**CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU**

5A. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5B. MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **SECOND** 5C. BIRTH ORDER (Order of children to parents based on chronological birth) (First, Second, Third, etc.) **SECOND** 5D. WEIGHT AT BIRTH **3.193 grams**

**MOTHER**

6. NAME (First) (Middle) (Last)  
**JOCELYN LIBRES NOVERO**

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **CHRISTIAN**

10a. Total number of children born alive **2** 10b. No. of children still living including themselves **2** 10c. No. of children born after that one **0** 11. OCCUPATION **HOUSEKEEPER** 12. AGE at the time of the birth (Completed years) **31**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**81 LA ALDEA RIO CALANSAN, LAPU-LAPU CITY, CEBU, PHILS.**

**FATHER**

14. NAME (First) (Middle) (Last)  
**EDOLOGIE PAUL ABURE**

15. CITIZENSHIP **NIGERIA** 16. RELIGION/RELIGIOUS SECT **CHRISTIAN** 17. OCCUPATION **SELF-EMPLOYED** 18. AGE at the time of the birth (Completed years) **28**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**81 LA ALDEA RIO CALANSAN, LAPU-LAPU CITY, CEBU, PHILS.**

MARRIAGE OF PARENTS (If not married, acceptable Affidavit of Subsequent Marriage of Parents of the birth.)  
 20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City/Municipality) (Province) (Country) **NOT APPLICABLE**

21. ATTENDANT  
 1 Physician \_\_\_\_\_ 2 Nurse \_\_\_\_\_ 3 Midwife \_\_\_\_\_ 4 Nurse (Registered with Attendant) \_\_\_\_\_ 5 Others (Specify) \_\_\_\_\_

22. CERTIFICATION OF ATTENDANT (If not present, the attendant, including the Assisted, etc.)  
 I hereby certify that I attended the birth of the child who was born at \_\_\_\_\_ **8:12 AM** on the date of birth specified above

Signature: \_\_\_\_\_ Address: **CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY**  
 Name in Print: **ERYV MARIE C. NAZARENO, R.D.**  
 Title or Position: **PHYSICIAN**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name in Print: **JOCELYN L. NOVERO**  
 Relationship to the Child: **MOTHER**  
 Address: **LA ALDEA RIO LAPU-LAPU CITY, CEBU**  
 Date: **21 APRIL 2012**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name in Print: **BENITO RAY S. GIRON III**  
 Title or Position: **CLERK**  
 Date: **21 APRIL 2012**

24. RECEIVED BY  
 Signature: \_\_\_\_\_ Name in Print: **RICOLITO P. YBANEZ** Title or Position: **ADMINISTRATIVE AIDE I** Date: **MAY 2 2012**

25. REGISTERED BY THE CIVIL REGISTRAR  
 Signature: \_\_\_\_\_ Name in Print: **OSCAR B. MOLO** Title or Position: **ASST. CITY CIVIL REGISTRAR** Date: **MAY 2 2012**

REMARKS/ANNOTATIONS (For LCRC/OCRG Use Only):

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

05055-AF-991APA-00594-B1001  
 BEST POSSIBLE IMAGE

BReN  
 02217-B12-HM0Q-6

*Carmelita N. Ericta*  
**CARMELITA N. ERICTA**  
 Administrator and Civil Registrar General



Documentary