



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

accomplished in quadruplicate using black ink

Province <u>CEBU</u> City/Municipality <u>CEBU CITY</u>		Registry No. <u>2015 30346</u>	
1. NAME (First) <u>TISSARA</u> (Middle) <u>SINOY</u> (Last) <u>VILDOSOLA</u>			
2. SEX <u>Female</u>		3. DATE OF BIRTH (Day) <u>13</u> (Month) <u>OCTOBER</u> (Year) <u>2015</u>	
4. NAME OF PLACE (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>SAN JOSE HEALTH CENTER</u> <u>CEBU CITY</u> <u>CEBU</u>			
5. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>		6a. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N.A.</u>	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <u>3rd</u>
6. WEIGHT AT BIRTH <u>2,900</u> grams			
7. MOTHER'S NAME (First) <u>MARIA CONCEPCION</u> (Middle) <u>QUINAIN</u> (Last) <u>SINOY</u>			
8. CITIZENSHIP <u>FIL.</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	
10a. Total number of children born alive <u>3</u>	10b. No. of children still living including this birth <u>2</u>	10c. No. of children born alive but are now dead <u>1</u>	11. OCCUPATION <u>NONE</u>
12. AGE at the time of this birth (completed years) <u>22</u>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BAGAYAN</u> <u>CEBU CITY</u> <u>CEBU</u> <u>PHIL.</u>			
14. NAME (First) <u>VINCENT</u> (Middle) <u>BORCES</u> (Last) <u>VILDOSOLA</u>			
15. CITIZENSHIP <u>FIL.</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	17. OCCUPATION <u>CALL CENTER AGENT</u>
18. AGE at the time of this birth (completed years) <u>26</u>			
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BAGAYAN</u> <u>CEBU CITY</u> <u>CEBU</u> <u>PHIL.</u>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>NOT MARRIED</u>	
21a. ATTENDANT. 1 Physician _____ 2 Nurse _____ <input checked="" type="checkbox"/> 3 Midwife _____ 4 Midot (Traditional Birth Attendant) _____ 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Midot, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>11:25</u> a.m. on the date of birth specified above.			
Signature _____ Name in Print <u>LUCIA J. ENGLATERRA</u> Title or Position <u>PHM</u>		Address <u>SAN JOSE CEBU CITY</u> Date <u>OCTOBER 13 2015</u>	
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 <u>MARIA CONCEPCION SINOY</u> Relationship to the Child <u>MOTHER</u> Address <u>BAGAYAN CEBU CITY</u> Date <u>OCTOBER 13 2015</u>		23. PREPARED BY Signature _____ Name in Print <u>LUCIA J. ENGLATERRA</u> Title or Position <u>PHM</u> Date <u>OCTOBER 13 2015</u>	
24. RECEIVED BY Signature _____ Name in Print <u>LUZ N. CUGAY</u> Title or Position <u>ADMINISTRATIVE AIDE III</u> Date <u>23 OCT 2015</u>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>ATTY. EVANGELINE T. ABATAYO</u> Title or Position <u>CEBU CITY CIVIL REGISTRAR</u> Date <u>23 OCT 2015</u>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 8 _____ 9 _____ 11 _____ 13 _____ 15 _____ 18 _____ 17 _____ 19 _____			

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BEST POSSIBLE IMAGE

BReN

02217-B15VD12-3

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General