

accomplished in quadruplicate using black ink



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

|                                                                                                                                                                                                                                                          |                                                                 |                                                                                                                                                                                                   |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. NAME (First) <b>CEBU</b> (Middle) (Last)                                                                                                                                                                                                              |                                                                 | Registry No. <b>2012 16915</b>                                                                                                                                                                    |                                 |
| 2. SEX (Male/Female) <b>MALE</b>                                                                                                                                                                                                                         |                                                                 | 3. DATE OF BIRTH (Day) (Month) (Year) <b>22 MAY 2012</b>                                                                                                                                          |                                 |
| 4. PLACE OF BIRTH (General Hospital/Clinic/Institution/Place No., St., Barangay) <b>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</b> (City/Municipality) (Province)                                                                                           |                                                                 | 5. BIRTH ORDER (Order of birth to previous births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>                                                                                |                                 |
| 6. WEIGHT AT BIRTH <b>3000</b> grams                                                                                                                                                                                                                     |                                                                 | 7. MOTHER'S NAME (First) (Middle) (Last) <b>MARIA CONCEPCION QUINAIN SIBOY</b>                                                                                                                    |                                 |
| 8. CITIZENSHIP <b>FILIPINO</b>                                                                                                                                                                                                                           |                                                                 | 9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>                                                                                                                                                  |                                 |
| 10a. Total number of children born alive <b>1</b>                                                                                                                                                                                                        | 10b. No. of children still living including this birth <b>1</b> | 10c. No. of children born alive but are now dead <b>0</b>                                                                                                                                         | 11. OCCUPATION <b>HOUSEWIFE</b> |
| 12. AGE at the time of this birth (completed years) <b>19</b>                                                                                                                                                                                            |                                                                 | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>LOWER BACAYAN CEBU CITY CEBU PHILIPPINES</b>                                                                 |                                 |
| 14. NAME (First) (Middle) (Last) <b>VINCENT BORCES YILDOSOLA</b>                                                                                                                                                                                         |                                                                 | 15. CITIZENSHIP <b>FILIPINO</b>                                                                                                                                                                   |                                 |
| 16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>                                                                                                                                                                                                        |                                                                 | 17. OCCUPATION <b>WELDER</b>                                                                                                                                                                      |                                 |
| 18. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>LOWER BACAYAN CEBU CITY CEBU PHILIPPINES</b>                                                                                                                        |                                                                 | 19. AGE at the time of this birth (completed years) <b>22</b>                                                                                                                                     |                                 |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)                                                                                                                                         |                                                                 |                                                                                                                                                                                                   |                                 |
| 20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>                                                                                                                                                                                                        |                                                                 | 20b. PLACE (City / Municipality) (Province) (Country) <b>N.A.</b>                                                                                                                                 |                                 |
| 21a. ATTENDANT <b>1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Birth Attendant) 5 Others (Specify)</b>                                                                                                                                            |                                                                 |                                                                                                                                                                                                   |                                 |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Healer, etc.)<br>I hereby certify that I attended the birth of the child who was born alive at <b>7:00</b> am/pm on the date of birth specified above. |                                                                 |                                                                                                                                                                                                   |                                 |
| Signature: <i>[Signature]</i><br>Name in Print <b>CAROL CAJEGAS</b><br>Title or Position <b>N.D.</b>                                                                                                                                                     |                                                                 | Address <b>N. BACALSO AVENUE CEBU CITY</b><br>Date <b>MAY 22, 2012</b>                                                                                                                            |                                 |
| 22. CERTIFICATION OF INFORMANT<br>I hereby certify that all information supplied are true and correct to my own knowledge and belief.                                                                                                                    |                                                                 | 23. PREPARED BY                                                                                                                                                                                   |                                 |
| Signature: <i>[Signature]</i><br>Name in Print <b>MARIA CONCEPCION Q. SIBOY</b><br>Relationship to the Child <b>MOTHER</b><br>Address <b>LOWER BACAYAN CEBU CITY</b><br>Date <b>MAY 22, 2012</b>                                                         |                                                                 | Signature: <i>[Signature]</i><br>Name in Print <b>KERLINA S. TABUYAN</b><br>Title or Position <b>CLERK</b><br>Date <b>MAY 22, 2012</b>                                                            |                                 |
| 24. RECEIVED BY<br>Signature: <i>[Signature]</i><br>Name in Print <b>RIDOLITO P. YBANEZ</b><br>Title or Position <b>Administrative Aide I</b><br>Date <b>JUN 9 2012</b>                                                                                  |                                                                 | 25. REGISTERED BY THE CIVIL REGISTRAR<br>Signature: <i>[Signature]</i><br>Name in Print <b>OSCAR B. MOLO</b><br>Title or Position <b>Assistant City Civil Registrar</b><br>Date <b>JUN 9 2012</b> |                                 |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)                                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                   |                                 |
| TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR                                                                                                                                                                                                     |                                                                 |                                                                                                                                                                                                   |                                 |

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BEST POSSIBLE IMAGE

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*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistics Office and Civil Registrar General