

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

Province **CEBU** Registry No. **2015 19470**  
 City/Municipality **CEBU CITY**

**CHILD**  
 1. NAME (First) **JEFFRY JAMES** (Middle) **BIQUE** (Last) **BUCABAL**  
 2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **20** (Month) **JUNE** (Year) **2015**  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU** (City/Municipality) (Province)  
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of the birth or previous live births including fetal deaths) (First, Second, Third, etc.) **1ST** 6. WEIGHT AT BIRTH **2,960 grams**

**MOTHER**  
 7. MAIDEN NAME (First) **MARJORY** (Middle) **REYES** (Last) **BIQUE**  
 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 **NONE** 12. AGE at the time of the birth (completed years) **23**  
 13. RESIDENCE (House No., St., Barangay) **SANGI, TABUNOK** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

**FATHER**  
 14. NAME (First) **RANDOLF** (Middle) **PACAÑA** (Last) **BUCABAL**  
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **WAITER** 18. AGE at the time of the birth (completed years) **22**  
 19. RESIDENCE (House No., St., Barangay) **SANGI, TABUNOK** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
 20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

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 **5:50 AM** am/pm on the date of birth specified above.

Signature *LM* Address **VSMCC, CEBU CITY, CEBU**  
 Name in Print **LIENAH MARIE BAYA, MD**  
 Title or Position **MEDICAL OFFICER III** Date **JUNE 20, 2015**

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature *JRB*  
 Name in Print **MARJORY R. BIQUE**  
 Relationship to the Child **MOTHER**  
 Address **TALISAY CITY, CEBU**  
 Date **JUNE 20, 2015**

23. PREPARED BY  
 Signature *AM*  
 Name in Print **ALONA J. MONTEJO**  
 Title or Position **CLERK**  
 Date **JUNE 20, 2015**

24. RECEIVED BY  
 Signature *LC*  
 Name in Print **LUZ N. CUGAY**  
 Title or Position **ADMINISTRATIVE AIDE III**  
 Date **16 JUL 2015**

25. REGISTERED BY THE CIVIL REGISTRAR  
 Signature *[Signature]*  
 Name in Print **[Name]**  
 Title or Position **[Title]**  
 Date **16 JUL 2015**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)