

accomplished in quadruplicate using black ink

Municipal Form No. 922  
(Revised January 2007)

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

Province <b>CEBU</b>		Registry No. <b>2011 18311</b>		
City/Municipality <b>CEBU CITY</b>				
CHILD	1. NAME (First) (Middle) (Last) <b>DANIELLE CARMELA TOLO MABOLOC</b>			
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>09 JULY 2011</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2700</b> grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>LOUIS MARIE DAYDAY TOLO</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>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>NONE</b>
	12. AGE at the time of the birth (completed years) <b>18</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BLK 5 LOT 8 PH.2 BUENAVISTA JUGAN, CONSOLACION, CEBU</b>				
FATHER	14. NAME (First) (Middle) (Last) <b>ADELARD III ABANID MABOLOC</b>			
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>CATHOLIC</b>	
	17. OCCUPATION <b>NONE</b>		18. AGE at the time of the birth (completed years) <b>20</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BLK 5 LOT 8 PH.2 BUENAVISTA JUGAN, CONSOLACION, CEBU</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>MAY 14, 2011</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>BASAK, MANDAUE CITY, CEBU</b>		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <b>7:07 AM</b> am/pm on the date of birth specified above.				
Signature _____ Name in Print <b>MARILOU MANGUBAT, M.D.</b>		Address <b>C/O PERPETUAL SUCCOUR HOSPITAL CEBU CITY, CEBU</b>		
Title or Position <b>ATTENDING PHYSICIAN</b>		Date <b>JULY 09, 2011</b>		
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 <b>ADELARD A. MABOLOC III</b> Relationship to the Child <b>FATHER</b> Address <b>CONSOLACION, CEBU</b> Date <b>JULY 09, 2011</b>		23. PREPARED BY Signature _____ Name in Print <b>MARIA LOTA L. AGWANTA</b> Title or Position <b>MEDICAL RECORD CLERK</b> Date <b>JULY 09, 2011</b>		
24. RECEIVED BY Signature _____ Name in Print <b>RIDOLITO P. YBAÑEZ</b> Title or Position <b>ADMINISTRATIVE AIDE I</b> Date <b>JUL 15 2011</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>OSCAR B. MOLO</b> Title or Position <b>REGISTRATION OFFICER IV</b> Date <b>JUL 15 2011</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

BReN

02217-B11N90D-5

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.