

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2019-02285
City/Municipality MANDAUE CITY	

CHILD	1. NAME (First) (Middle) (Last) ATHENA ALEXANDRA TOLO MABOLOC		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 03 March 2019	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CHONG HUA HOSPITAL MANDAUE, SUBANGDAKU, MANDAUE CITY, CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) LOUIS MARIE DAYDAY TOLO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive TWO	10b. No. of children still living including this birth TWO	10c. No. of children born alive but are now dead NONE	11. OCCUPATION CSR
	12. AGE at the time of this birth (completed years) 26			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLK 5 LOT 8 PHASE 2 BUENAVISTA JUGAN, CONSOLACION, CEBU, PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) ADELARD III ABANID MABOLOC		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION TECHNICAL SERVICE REP.
	18. AGE at the time of this birth (completed years) 28		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLK 5 LOT 8 PHASE 2 BUENAVISTA JUGAN, CONSOLACION, CEBU, PHILIPPINES			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) May 14 2011	20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY, CEBU, PHILIPPINES
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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 **04:33 PM** am/pm on the date of birth specified above.

Signature: *[Signature]* Address: **C/O CHONG HUA HOSPITAL MANDAUE, SUBANGDAKU, MANDAUE CITY, CEBU**

Name in Print: **MARAON, MARIE ANN GAVIOLA, M.D.**

Title or Position: **ATTENDING PHYSICIAN** Date: **March 05, 2019**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: *[Signature]*

Name in Print: **LOUIS MARIE TOLO MABOLOC**

Relationship to the Child: **MOTHER**

Address: **BLK 5 LOT 8 PHASE 2 BUENAVISTA JUGAN, CONSOLACION, CEBU**

Date: **March 05, 2019**

23. PREPARED BY

Signature: *[Signature]*

Name in Print: **JOSEPH MONSALES ORNOPIA**

Title or Position: **MEDICAL RECORDS STAFF**

Date: **March 05, 2019**

24. RECEIVED BY

Signature: *[Signature]*

Name in Print: **ANALIZA R. PORTANOS**

Title or Position: **OFFICE AIDE**

Date: **MAR 08 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: *[Signature]*

Name in Print: **THELMA C. CRISOLOGO**

Title or Position: **CITY CIVIL REGISTRAR**

Date: **MAR 08 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG)