

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

Province **CEBU**
City/Municipality **CEBU CITY**

Registry No.
2013 26818

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1. NAME (First) **ALEXIS DALE** (Middle) **SILVANO** (Last) **DIAZ**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **4** (Month) **SEPTEMBER** (Year) **2013**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **CEBU PUER. CENTER & MATERNITY HOUSE, INC., 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.) **FIRST** 5c. BIRTH ORDER (Order of this birth in previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,750** grams.

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7. MAIDEN NAME (First) **CATHYRINE** (Middle) **LAPERA** (Last) **SILVANO**
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 **HOUSEKEEPER** 12. AGE at the time of this birth (completed years) **20**
13. RESIDENCE (House No., St., Barangay) **SATURN ST. CADULOY TISA, CEBU CITY, CEBU, PHILS.** (City/Municipality) (Province) (Country)

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14. NAME (First) **WILMAR** (Middle) **BACHILLER** (Last) **DIAZ**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **LINE COOK** 18. AGE at the time of this birth (completed years) **23**
19. RESIDENCE (House No., St., Barangay) **SATURN ST. CADULOY TISA, CEBU CITY, CEBU, PHILS.** (City/Municipality) (Province) (Country)

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

21a. ATTENDANT
 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 **4:44PM** am/pm on the date of birth specified above.

Signature _____
Name in Print **JOE ERIKA R. LALAS, M.D.**
Title or Position **PHYSICIAN**

Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**
Date **4 SEPTEMBER 2013**

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 **CATHYRINE L. SILVANO**
Relationship to the Child **MOTHER**
Address **CADULOY TISA, CEBU CITY, CEBU**
Date **4 SEPTEMBER 2013**

23. PREPARED BY
Signature _____
Name in Print **CLARISA T. ROXAS**
Title or Position **CLERK**
Date **4 SEPTEMBER 2013**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print _____