



**CERTIFICATE OF BIRTH**

2017-19103

**CHILD**

1. NAME (First, Middle, Last)  
**JASPER ATYAN** **LOPEZ** **REVERA**

2. SEX (Male/Female) **MALE** 3. DATE OF BIRTH (Day, Month, Year)  
**08** **07** **2017**

4. PLACE OF BIRTH (Name of Hospital and/or Sanitary House No., St., Barangay, City/Municipality, Province, Country)  
**CEBU PUBLIC GENERAL & MATERNITY HOSPITAL, CEBU CITY, PHIL.**

5a. TYPE OF BIRTH (Single/Twin/Tripel, etc.) **SINGLE** 5b. FEMALE REGISTERED OR BORN (First, Second, Third, etc.) **FIRST** 5c. BIRTH ORDER (First, Second, Third, etc.) **ONE** 5d. WEIGHT AT BIRTH (Pounds, Kilograms) **2.800** grams

**MOTHER**

7. MOTHER NAME (First, Middle, Last)  
**IRAMBAE** **REVERA** **LEBIT**

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 after but are now dead **0** 11. OCCUPATION **SALES REPRESENTATIVE** 12. AGE at the time of birth (in completed years) **34**

13. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)  
**A. BORBALJO ST. LOWER TALANDAN, CEBU CITY, CEBU, PHIL.**

**FATHER**

14. NAME (First, Middle, Last)  
**MARK GABRIEL** **REVERA** **REVERA**

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **IT HELPDESK ANALYST** 18. AGE at the time of birth (in completed years) **34**

19. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)  
**A. BORBALJO ST. LOWER TALANDAN, CEBU CITY, CEBU, PHIL.**

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Absence of Marriage/Declaration of Paternity at the end.)  
 20a. DATE (Month, Day, Year) **DECEMBER 12, 2015** 20b. PLACE (City/Municipality, Province, Country)  
**TALANDAN CEBU CITY CEBU PHIL.**

21. ATTENDANT  
 1. Physician  2. Nurse  3. Midwife  4. Midol (Traditional Birth Attendant)  5. Others (Specify) \_\_\_\_\_

21a. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)  
 I hereby certify that I attended the birth of the child who was born above of **IRAMBAE REVERA** on the date of birth specified above.

Signature \_\_\_\_\_ Address **CEBU PUBLIC GENERAL & MATERNITY HOSPITAL, HOUSE 116, CEBU CITY**  
 Name in Print **IRENE S. IMPERIAL, M.D.**  
 Title or Position **PHYSICIAN** Date \_\_\_\_\_

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

Signature \_\_\_\_\_ 23. PREPARED BY **19 JULY 2017**  
 Name in Print **IRAMBAE REVERA** Signature \_\_\_\_\_  
 Relationship to the Child **MOTHER** Name in Print **ANNE J. CALAN**  
 Address **LOWER TALANDAN, CEBU CITY** Title or Position **CLERK**  
 Date **19 JULY 2017**

24. RECEIVED BY  
 Signature \_\_\_\_\_ 25. REGISTERED BY THE CIVIL REGISTRAR  
 Name in Print **LIEZ G. GAY** Signature \_\_\_\_\_  
 Title or Position **ADMINISTRATIVE SIDE IN** Name in Print **PHILIPPA MEGADON**  
 Date **21 JUL 2017** Title or Position **REGISTRATION OFFICER IV**  
 Date **21 JUL 2017**

REMARKS/NOTATIONS (For LCRO/CRO Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19

06826-10-400NAA-00597-B1003  
BEST POSSIBLE IMAGE

BRAN  
02217-B17NFOA-5

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
Medical Officer and Civil Registrar General