



Municipal Form No. 132
Revised January 2017

(to be accomplished in quadruplicate using black ink)

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

Province CEBU		City/Municipality CEBU CITY		Registry No. 2013 07961	
CHILD	1. NAME (First) XAHV EUGEN CLARK (Middle) (Last) ADVINCULA				
	2. SEX (Male / F-male) MALE	3. DATE OF BIRTH (Day) 8 (Month) MARCH (Year) 2013			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) VICENT SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU 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 the birth to previous live births including fetal death) (First, Second, Third, etc.) 1st	6. WEIGHT AT BIRTH 3,700 grams	
MOTHER	7. MAIDEN NAME (First) MA. SARAH (Middle) CANAMA (Last) ADVINCULA				
	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 this birth (completed years) 21
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) VERANO COMP. BANAWA, CEBU CITY, CEBU PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) UNKNOWN				
	15. CITIZENSHIP N/A	16. RELIGION/RELIGIOUS SECT N/A	17. OCCUPATION N/A	18. AGE at the time of this birth (completed years) N/A	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N/A				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
20a. DATE (Month) (Day) (Year) N/A		20b. PLACE (City / Municipality) (Province) (Country) N/A			
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, etc.) I hereby certify that I attended the birth of the child who was born alive at 3:02 PM am/pm on the date of birth specified above.					
Signature _____ Name in Print CHRISTINE ROSE NONAN, MD Title or Position MEDICAL OFFICER III		Address VSMCC, CEBU CITY, CEBU Date 3/8/2013			
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 MA. SARAH C. ADVINCULA Relationship to the Child MOTHER Address CEBU CITY, CEBU Date 3/8/2013		23. PREPARED BY Signature _____ Name in Print ALONA J. MONTEJO Title or Position CLERK Date 3/8/2013			
24. RECEIVED BY Signature _____ Name in Print RIDOLITO P. YBAÑEZ Title or Position ADMINISTRATIVE AIDE I Date MAR 15 2013		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print OSCAR B. MOLO Title or Position ASSISTANT CITY CIVIL REGISTRAR Date MAR 15 2013			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
8	9	11	13	15	
16	17	19			

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2017 23684
City/Municipality CEBU CITY	

CHILD	1. NAME (First) (Middle) (Last) JAYVES MICHEL ADVINCULA GONZALES		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 08 SEPTEMBER 2017	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) MRS MATERNITY HOUSE PUNTA PRINCESA CEBU CITY CEBU		
	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 this birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MA. SARAH CANAMA ADVINCULA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE
	12. AGE at the time of the birth (completed year) 25		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) DRY, GUADALUPE CEBU CITY CEBU PHILIPPINES	

FATHER	14. NAME (First) (Middle) (Last) JAY DAVE MADONCIA GONZALES		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION NONE
	18. AGE at the time of the birth (completed years) 26		19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) DRY, GUADALUPE CEBU CITY CEBU PHILIPPINES

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 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 **12:35pm** am/pm on the date of birth specified above.

Signature _____ Address **MRS MATERNITY HOUSE**
 Name in Print **MARIA NINETTE C. SUARES** **PUNTA PRINCESA CEBU CITY, CEBU**
 Title or Position **PHYSICIAN** Date **SEPTEMBER 08, 2017**

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 MA. SARAH C. ADVINCULA Relationship to the Child MOTHER Address DRY, GUADALUPE CEBU CITY, CEBU Date SEPTEMBER 08, 2017	23. PREPARED BY Signature _____ Name in Print MARIE LYN M. GARDO Title or Position MIDWIFE STAFF Date SEPTEMBER 08, 2017
---	---

24. RECEIVED BY _____ 25. REGISTERED BY THE CIVIL REGISTRAR _____

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2019 09364
City/Municipality CEBU CITY	

CHILD	1. NAME (First) SALMA ERECCA (Middle) ADVINCULA (Last) GONZALES
	2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 19 (Month) MARCH (Year) 2019
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) MNS MATERNITY HOUSE PUNTA PRINCESA 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) FOURTH 6. WEIGHT AT BIRTH 3,600 grams

MOTHER	7. MAIDEN NAME (First) MA. SARAH (Middle) CANAMA (Last) ADVINCULA
	8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	10a. Total number of children born alive 4 10b. No. of children still living including this birth 4 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEWIFE 12. AGE at the time of this birth (completed years) 27
	13. RESIDENCE (House No., St., Barangay) 1156 R. DUTERTE ST. BANAWA (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

FATHER	14. NAME (First) JAY DAVE (Middle) MAGONCIA (Last) GONZALES
	15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TRANSACTION PROCESSOR 18. AGE at the time of this birth (completed years) 27
	19. RESIDENCE (House No., St., Barangay) 1156 R. DUTERTE ST. BANAWA (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

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 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 **9:20 A.M** am/pm on the date of birth specified above.

Signature _____ Address **MNS MATERNITY HOUSE**
 Name in Print **MARIA NANETTE G. SUAREZ** **PUNTA PRINCESA CEBU CITY CEBU**
 Title or Position **PHYSICIAN** Date **MARCH 19, 2019**

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 **MA. SARAH C. ADVINCULA**
 Relationship to the Child **MOTHER**
 Address **BANAWA, CEBU CITY CEBU**
 Date **MARCH 19, 2019**

23. PREPARED BY

Signature _____
 Name in Print **GRACE D. YAUN**
 Title or Position **MIDWIFE**
 Date **MARCH 19 2019**

24. RECEIVED BY

Signature _____
 Name in Print _____

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____
 Name in Print _____