

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. _____
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **JOHN ZELLER** (Middle) **ABANGAN** (Last) **TARIPE**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **5** (Month) **NOVEMBER** (Year) **2017**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., 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 the birth to previous live births including fetal death) (First, Second, Third, etc.) **1ST** 6. WEIGHT AT BIRTH **2,920** grams

MOTHER

7. MAIDEN NAME (First) **MAY FLOR** (Middle) **CARACOT** (Last) **ABANGAN**
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) **27**
13. RESIDENCE (House No., St., Barangay) **GREENFIELD INAYAWAN** (City/Municipality) **CEBU CITY** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER

14. NAME (First) **LEE JOHN MERK** (Middle) **PANILAGAO** (Last) **TARIPE**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **26**
19. RESIDENCE (House No., St., Barangay) **TABUNOK** (City/Municipality) **TALISAY 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) _____

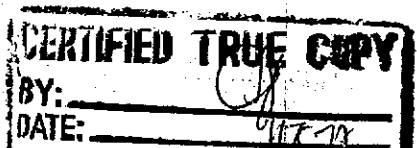
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive **8:00 AM** am/pm on the date of birth specified above.
Signature _____ Address **VSMCMC, CEBU CITY, CEBU**
Name in Print **JULY ROSE ALAMEDA, MD**
Title or Position **MEDICAL OFFICER III**
Date **NOVEMBER 5, 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 **MAY FLOR C. ABANGAN**
Relationship to the Child **MOTHER**
Address **CEBU CITY, CEBU**
Date **NOVEMBER 5, 2017**

23. PREPARED BY
Signature _____
Name in Print **JOHANNA PAULA C. MANSUETO**
Title or Position **CLERK**
Date **NOVEMBER 5, 2017**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date _____



REMARKS/ANNOTATIONS