



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

Registry No. **2016 30373**

1. NAME (First) (Middle) (Last)  
**LEAM NICHOLAS MANGUSAT LAO GUSCO**

2. SEX (Male/Female) **MALE**

3. DATE OF BIRTH (Day) (Month) (Year)  
**15 OCTOBER 2016**

4. PLACE OF BIRTH (Name of Hospital, Clinic, Dispensary, Home No., St., Barangay) (City/Municipality) (Province) (Country)  
**TEMPERATE SUGOON HOSPITAL, CORONADO AVENUE, CEBU CITY, CEBU**

5. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE**

6. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A**

7. BIRTH ORDER (Child's position in the family including stillbirth) (First, Second, Third, etc.) **FIRST**

8. HEIGHT AT BIRTH **3720** grams

9. MOTHER NAME (First) (Middle) (Last)  
**HELENIA LOU AURITA MANGUSAT**

10. CITIZENSHIP **PHILIPPINO**

11. RELIGION/RELIGIOUS SECT **CATHOLIC**

12a. Total number of children born alive **1**

12b. No. of children still being including the child **1**

12c. No. of children born after but not now stated **0**

11. OCCUPATION **CUSTOMER SERVICE REP.**

12. AGE at the time of the birth (Completed years) **23**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**6K SUGO VILLAGE, TUNGSAAN, MINGLANILLA, CEBU, PHILIPPINES**

14. NAME (First) (Middle) (Last)  
**ROBERT NICHOLAS TAN LAO GUSCO**

15. CITIZENSHIP **PHILIPPINO**

16. RELIGION/RELIGIOUS SECT **CATHOLIC**

17. OCCUPATION **FRONT OFFICE ASSOCIATE**

18. AGE at the time of the birth (Completed years) **24**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**DOOR 1-B BRVILLE APT. SUBVALLEY BIRD, V. RAMA, CEBU CITY, CEBU, PHILIPPINES**

MARRIAGE OF PARENTS (If not stated, assume null and void of solemnization/declaration of intent at the birth.)  
 MOTHER **NOT MARRIED** FATHER **NOT MARRIED**

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

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Midst, etc.)  
 I hereby certify that I attended the birth of the child who was born after at **3:08 PM** on the date of birth specified above.

Physician **[Signature]** Address **SPO-MEDICAL SPECIALTY CENTER, CEBU CITY, CEBU**  
 Name in Print **WENIA BARBARA CRISTAL, M.D.**  
 Title or Position **ATTENDING PHYSICIAN** Date **October 15, 2016**

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

Signature **[Signature]** Name in Print **HELENIA LOU A. MANGUSAT**  
 Relationship to the Child **MOTHER**  
 Address **TUNGSAAN, MINGLANILLA, CEBU**  
 Date **October 15, 2016**

23. PROVIDED BY  
 Signature **[Signature]** Name in Print **JANE P. TANSO-AN**  
 Title or Position **MEDICAL RECORD CLERK**  
 Date **October 15, 2016**

24. RECEIVED BY  
 Signature **[Signature]** Name in Print **LORELLA N. DEJITO**  
 Title or Position **REGISTRATION OFFICER II**  
 Date **11 NOV 2016**

25. REGISTERED BY THE CIVIL REGISTRAR  
 Signature **[Signature]** Name in Print **HENRY P. TOMALABCAD**  
 Title or Position **ASST. CITY CIVIL REGISTRAR**  
 Date **11 NOV 2016**

REMARKS/ANNOTATIONS (For LCRO/CRNG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19

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BEST POSSIBLE IMAGE

BRn 02217-B16UF1K-9

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

