

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

Province	Cebu	Registry No.	2016 02608
City/Municipality	Cebu City		

CHILD	1. NAME (First) (Middle) (Last) MEIR JACOB YRAY SELLORIA		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 18 JANUARY 2016	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000		
	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.) FIRST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) QUEEN HONEYLY NAHOMAN YRAY				
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 01	10b. No. of children still living including this birth 01	10c. No. of children born alive but are now dead 00	11. OCCUPATION ENGLISH INSTRUCTOR	12. AGE at the time of this birth (completed years) 22
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) Ramona Village, Dumlog Talisay City, Cebu				

FATHER	14. NAME (First) (Middle) (Last) MARK JAY SILA SELLORIA			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION CALL CENTER AGENT	18. AGE at the time of this birth (completed years) 26
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) Ramona Village, Dumlog Talisay City, Cebu			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) OCTOBER 28 2015	20b. PLACE (City / Municipality) (Province) (Country) MUNICIPAL TRIAL COURT, MINGLANILLA, METRO CEBU
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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 **9:29 AM** am/pm on the date of birth specified above.

Signature	Address
KIMBERLY ROSE TAN-CHAN, M.D.,	CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000
Title or Position	Date
ATTENDING PHYSICIAN	January 18, 2016

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	Relationship to the Child	Address	Date
	MARK JAY S. SELLORIA	FATHER	Dumlog, Talisay City Cebu	January 18, 2016

23. PREPARED BY

Signature	Name in Print	Title or Position	Date
	GREGORIO D. EMPISO JR.	MEDICAL RECORDS CLERK	January 18, 2016

24. RECEIVED BY

Signature	Name in Print	Title or Position
	LEZ K. CAGAY	ADMINISTRATIVE AIDE III

25. REGISTERED BY THE CIVIL REGISTRAR

Signature	Name in Print	Title or Position	Date
	HENRY P. TOMALABCAN	ASST. CITY CIVIL REGISTRAR	26 JAN 2016

