

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province	CEBU	Registry No.	2019 17337
City/Municipality	CEBU CITY		

1. NAME (First) ATHENA SKYBELLE (Middle) FLORES (Last) MEJIAS			
2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Month) 05 (Year) JULY 2019		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU (City/Municipality) (Province)			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLI- 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.) SECOND	6. WEIGHT AT BIRTH 2500 grams

7. MAIDEN NAME (First) JACKLYN (Middle) OSMIN (Last) FLORES				
8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE	12. AGE at the time of this birth (completed years) 25
13. RESIDENCE (House No., St., Barangay) LARAY, SAN ROQUE (City/Municipality) TALISAY CITY (Province) CEBU (Country) PHILIPPINES				

14. NAME (First) JAVE (Middle) MINGUITO (Last) MEJIAS			
15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SEAMAN	18. AGE at the time of this birth (completed years) 26
19. RESIDENCE (House No., St., Barangay) LARAY, SAN ROQUE (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) JANUARY 22, 2014	20b. PLACE (City / Municipality) (Province) (Country) TALISAY CITY CEBU PHILIPPINES
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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 08:54 A.M. am/pm on the date of birth specified above.

Signature	Address
Name in Print DR. LEI ANDREA H. GOROSPE	SAMCH - BASAK SAN NICOLAS
Title or Position Contractual Medical Specialist II	CEBU CITY, CEBU
	Date JULY 05, 2019

22. CERTIFICATION OF INFORMANT

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

Signature *JACKLYN O. FLORES*

Name in Print JACKLYN O. FLORES

Relationship to the Child Mother

Address Laray, San Roque, Talisay City, Cebu

Date July 05, 2019

23. PREPARED BY

Signature *ROMEO JR. A. RAPSING*

Name in Print ROMEO JR. A. RAPSING

Title or Position Nurse II

Date July 05, 2019

24. RECEIVED BY

Signature *LUZ N. CUGAY*

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *[Signature]*