

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. **2015 33599**  
City/Municipality CEBU CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
JENZ KERBY ICALINA DAPITON

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
11 NOVEMBER 2015

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of the birth in previous live birth, including still-born) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2,500 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
JANICA ABUNDIENTE ICALINA

8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT BORN AGAIN

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) 23

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SITIO MANGA, TISA, CEBU CITY, CEBU, PHILIPPINES

**FATHER**

14. NAME (First) (Middle) (Last)  
JESSOPH CONSUEGRA DAPITON

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT BORN AGAIN 17. OCCUPATION TRANS. PROCESSOR 18. AGE at the time of this birth (completed years) 25

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SITIO MANGA, TISA, CEBU CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE JUNE 29, 2015 20b. PLACE CEBU CITY, CEBU, PHILIPPINES

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

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, etc., Traditional Birth Attendant/Hilot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 9:30 AM am/pm on the date of birth specified above.

Signature *Racel* Address CEBU PUER. CNTR. & MATERNITY HOUSE, INC., CEBU CITY  
Name in Print RACEL GUADAVILLE CALIS, M.D.  
Title or Position PHYSICIAN Date 11 NOVEMBER 2015

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature *Janica* Address TISA, CEBU CITY, CEBU  
Name in Print JANICA I. DAPITON Date 11 NOVEMBER 2015  
Relationship to the Child MOTHER

23. PREPARED BY  
Signature *Mary Ann G. Culanag*  
Name in Print MARY ANN G. CULANAG  
Title or Position CLERK  
Date 11 NOVEMBER 2015

24. RECEIVED BY  
Signature *Luza*  
Name in Print LUZ N. CUGAY

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature *Henry P. TomalabCAD*  
Name in Print HENRY P. TOMALABCAD  
ASST. CITY CIVIL REGISTRAR