

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province <u>CEBU</u>	Registry No. 2019 22889
City/Municipality <u>CEBU CITY</u>	

CHILD	1. NAME (First) (Middle) (Last) JAMES CHAD ICALINA DAPITON			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 26 AUGUST 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU			
	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.) SECOND	6. WEIGHT AT BIRTH 3000 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JANICA ABUNDIENTE ICALINA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN	
	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) 26			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) MANGA, TISA CEBU CITY CEBU PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) JESSOPH CONSUEGRA DAPITON		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN	17. OCCUPATION CALL CENTER AGENT
	18. AGE at the time of this birth (completed years) 29		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) MANGA, TISA CEBU CITY CEBU PHILIPPINES		

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

20a. DATE (Month) (Day) (Year) JUNE 29, 2015	20b. PLACE (City / Municipality) (Province) (Country) CEBU 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 **05:31 A.M.** am/pm on the date of birth specified above.

Signature	Address SAMCH - BASAK SAN NICOLAS CEBU CITY, CEBU
Name in Print DR. IVY GAY B. LEGONES	Date AUGUST 26, 2019
Title or Position Contractual Medical Officer III	

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 JESSOPH C. DAPITON
Relationship to the Child Father
Address Manga, Tisa, Cebu City, Cebu
Date August 26, 2019

23. PREPARED BY

Signature
Name in Print JUVYN N. BALANQUIT
Title or Position Nurse II
Date August 26, 2019

24. RECEIVED BY

Signature
Name in Print LUZ N. CUGAY
Title or Position Administrative Aide III
Date SEP 13 2019

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print LOUELLA N. DEJITO
Title or Position REGISTRATION OFFICER III
Date SEP 13 2019

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)