Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b, and 9a.)

Province: CEBU
City/Municipality: [redacted] CITY
Registry No.: 2003[redacted]84

| | | | |
|---|---|---|---|
| 1. NAME | (First) [redacted] | (Middle) [redacted] | (Last) TUGAHAN |
| 2. SEX | 1 Male | 3. DATE OF BIRTH (day/month/year) | |
| 4. PLACE OF BIRTH | (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) [redacted] | (City/Municipality) [redacted] | (Province) [redacted] |
| 5a. TYPE OF BIRTH | X 1 Single | b. IF MULTIPLE BIRTH, CHILD WAS | 1 First |
| c. BIRTH ORDER (Kya birth ang (fetal deaths) nga gidala this delivery) | FIRST | d. WEIGHT AT BIRTH | 2,760 grams |
| 6. MAIDEN NAME | (First) [redacted] | (Middle) [redacted] | (Last) [redacted] |
| 7. CITIZENSHIP | [redacted] | 8. RELIGION | ROMAN CATHOLIC |
| 9a. Total number of children born alive: | b. No. of children still living including this birth: 1 | c. No. of children born alive but are now dead: 0 | |
| 10. OCCUPATION | [redacted] | 11. Age at the time of this birth: 24 years | |
| 12. RESIDENCE | (House No., Street, Barangay) [redacted] | (City/Municipality) [redacted] | (Province) CEBU |
| 13. NAME | (First) [redacted] | (Middle) [redacted] | (Last) TUGAHAN |
| 14. CITIZENSHIP | [redacted] | 15. RELIGION | ROMAN CATHOLIC |
| 16. OCCUPATION | [redacted] | 17. Age at the time of this birth: 25 years | |

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
[redacted] NOT MARRIED

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:22 AM o'clock am/pm on the date above stated.
Signature: [redacted]
Name in Print: [redacted]
Title or Position: [redacted]
Address: [redacted] CEBU CITY
Date: [redacted]

20. INFORMANT
Signature: [redacted]
Name in Print: [redacted]
Relationship to the child: [redacted]
Address: [redacted]
Date: [redacted]

21. PREPARED BY
Signature: [redacted]
Name in Print: [redacted]
Title or Position: [redacted]
Date: [redacted]

22. RECEIVED AT THE OFFICE OF
Signature: [redacted]
Name in Print: [redacted]
Title or Position: [redacted]
Date: [redacted]

FOR LCRO USE ONLY:
Population Reference No.: [redacted]

61 62 64 69 72 74 78 81 91