

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

**CEBU CITY**

Registry No.  
**2012 10971**

(First) **ANTONIA ZOE** (Middle) (Last) **OLIVEROS**

SEX (Male / Female)  
**FEMALE**

3. DATE OF BIRTH (Day) (Month) (Year)  
**05 APRIL 2012**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE**  
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)  
5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST**  
6. WEIGHT AT BIRTH **2750** grams

MOTHER 7. MAIDEN NAME (First) (Middle) (Last)  
**JOANNE CORTEZA OLIVEROS**

8. CITIZENSHIP **FILIPINO**  
9. RELIGION/RELIGIOUS SECT **CATHOLIC**

10a. Total number of children born alive  
10b. No. of children still living including this birth  
10c. No. of children born alive but are now dead **0**  
11. OCCUPATION **CALL CENTER AGENT**  
12. AGE at the time of this birth (completed years) **26**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**PH2 BLK 1 LT 1 SPRINGWOODS COUNTRY HOMES TULAY MINGLANILLA, CEBU, PHILIPPINES**

FATHER 14. NAME (First) (Middle) (Last)  
**UNKNOWN**

15. CITIZENSHIP **N.A.**  
16. RELIGION/RELIGIOUS SECT **N.A.**  
17. OCCUPATION **N.A.**  
18. AGE at the time of this birth (completed years) **N.A.**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**N.A.**

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

20a. DATE (Month) (Day) (Year) **NOT APPLICABLE**  
20b. PLACE (City / Municipality) (Province) (Country) **N.A.**

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 **1:40 AM** am/pm on the date of birth specified above.

Signature  
Name in Print **DR. LORNA DIORICO, M.D.** Address **C/O PERPETUAL SUCCOUR HOSPITAL CEBU CITY, CEBU**  
Title or Position **ATTENDING PHYSICIAN** Date **APRIL 11, 2012**

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 **JOANNE C. OLIVEROS**  
Relationship to the Child **MOTHER**  
Address **MINGLANILLA, CEBU**  
Date **APRIL 11, 2012**

23. PREPARED BY  
Signature  
Name in Print **MARIA LOTA L. AGWANTA**  
Title or Position **MEDICAL RECORD CLERK**  
Date **APRIL 12, 2012**

24. RECEIVED BY  
Signature  
Name in Print **RIDOLITO P. YBAÑEZ**

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature  
**OSCAR B. MOLO**