

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>	Registry No. <b>2014 24357</b>
City/Municipality <b>CEBU CITY</b>	

Name (First) <b>ANTONIO ZION</b> (Middle) (Last) <b>OLIVEROS</b>	
2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>5</b> (Month) <b>AUGUST</b> (Year) <b>2014</b>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/Barangay) (City/Municipality) (Province) <b>PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU</b>	
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N.A.</b>
5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>SECOND</b>	6. WEIGHT AT BIRTH <b>3200</b> grams

Name (First) <b>JOANNE</b> (Middle) <b>CORTEZA</b> (Last) <b>OLIVEROS</b>	
8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>CATHOLIC</b>
10a. Total number of children born alive <b>2</b>	10b. No. of children still living including this birth <b>2</b>
10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>PERFORMANCE ANALYST</b>
12. AGE at the time of this birth (completed years) <b>28</b>	
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>514 BLK. 1, PHASE 2, LOT 1, SPRINGWOODS COUNTRY HMS., TULAY, MINGLANILLA, CEBU, PHILIPPINES</b>	

Name (First) (Middle) (Last) <b>UNKNOWN</b>	
15. CITIZENSHIP <b>N.A.</b>	16. RELIGION/RELIGIOUS SECT <b>N.A.</b>
17. OCCUPATION <b>N.A.</b>	18. AGE at the time of this birth (completed years) <b>N.A.</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N. A.</b>	

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

20a. DATE (Month) (Day) (Year) <b>NOT APPLICABLE</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>
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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 **7:38 PM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**  
 Name in Print **GRETA CANOY, M.D.**  
 Title or Position **ATTENDING PHYSICIAN**  
 Date **August 08, 2014**

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 **TULAY, MINGLANILLA, CEBU**  
 Date **August 08, 2014**

23. PREPARED BY

Signature \_\_\_\_\_  
 Name in Print **JANE C. PIDO**  
 Title or Position **MEDICAL RECORD CLERK**  
 Date **August 08, 2014**

24. RECEIVED BY

Signature \_\_\_\_\_  
 Name in Print **LUZ N. CUGAY**  
 Title or Position **Administrative Aide III**  
 Date **AUG 08 2014**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature \_\_\_\_\_  
 Name in Print \_\_\_\_\_  
 Title or Position **PHILIP A. MEGABON**  
 Date \_\_\_\_\_  
**REGISTRATION OFFICER IV**