

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

Province **CEBU**
City/Municipality **CEBU CITY**

Registry No.
2019 08913

CHILD

1. NAME (First) **XAFFINA SCARLET** (Middle) (Last) **MAZUELA**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **31** (Month) **MARCH** (Year) **2019**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **MNS MATERNITY HOUSE PUNTA PRINCESA CEBU CITY CEBU** (City/Municipality) (Province)
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.) **FIRST** 6. WEIGHT AT BIRTH **3,000** grams

MOTHER

7. MAIDEN NAME (First) **ANGELICA** (Middle) **CORPUS** (Last) **MAZUELA**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
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 **STUDENT** 12. AGE at the time of this birth (completed years) **21**
13. RESIDENCE (House No., St., Barangay) **DONA MARIA VILLAGE 1, PUNTA PRINCESA** (City/Municipality) **CEBU CITY** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER

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

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **N/A** 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 **2:30 P.M** am/pm on the date of birth specified above.

Signature _____
Name in Print **MARIA NANETTE G. SUAREZ**
Title or Position **PHYSICIAN**

Address **MNS MATERNITY HOUSE
PUNTA PRINCESA CEBU CITY CEBU**
Date **MARCH 31, 2019**

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 **ANGELICA C. MAZUELA**
Relationship to the Child **MOTHER**
Address **PUNTA PRINCESA, CEBU CITY CEBU**
Date **MARCH 31, 2019**

23. PREPARED BY
Signature _____
Name in Print **MICHELLE D. VILLANUEVA**
Title or Position **MIDWIFE**
Date **MARCH 31, 2019**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **APR 12 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **PHILIPPA A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **APR 12 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)