

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

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

CHILD	1. NAME <u>MIR GEMEL</u> <u>YLAYA</u> <u>REDELOSA</u>		
	2. SEX (Male/Female) <u>MALE</u>		
	3. DATE OF BIRTH (Day) (Month) (Year) <u>29</u> <u>OCTOBER</u> <u>2017</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>STAR BIRTHING HOME, BASAK PARDO, CEBU CITY</u> <u>CEBU</u>		
5a. TYPE OF BIRTH <u>SINGLE</u>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <u>N/A</u>	5c. BIRTH ORDER (House No. for birth or address of birth, if applicable) (First, Second, Third, etc.) <u>FIRST</u>	6. WEIGHT AT BIRTH <u>3100</u> grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>ROSEL</u> <u>DEL VALLE</u> <u>YLAYA</u>			
	8. CITIZENSHIP <u>FILIPINO</u>	9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		
	10a. Total number of children born alive including this birth <u>1</u>	10b. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>MIDWIFE</u>	12. AGE at the time of this birth <u>22</u>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>FAKIGNE</u> <u>MINGLANILLA</u> <u>CEBU</u> <u>PHILIPPINES</u>			

FATHER	14. NAME (First) (Middle) (Last) <u>KEY ANTHONY</u> <u>DELA ROSA</u> <u>REDELOSA</u>			
	15. CITIZENSHIP <u>FILIPINO</u>	16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	17. OCCUPATION <u>CUSTOMER SERVICE REPRESENTATIVE</u>	18. AGE at the time of this birth (in years) <u>25</u>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>LOWER DIFATA</u> <u>MINGLANILLA</u> <u>CEBU</u> <u>PHILIPPINES</u>			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment-Affirmance of Parents at the back)

20a. MOTHER <u>NOT MARRIED</u>	20b. FATHER <u>NOT MARRIED</u>
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21a. ATTENDANT

1. Physician    2. Nurse     3. Midwife    4. Heil (Traditional Birth Attendant)    5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Traditional Birth Attendant, Heil, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 09:54 AM on the date of birth specified above.

Signature <u>ROSEL R. CLPACIO, BSM</u>	Address <u>STAR BIRTHING HOME</u> <u>BASAK PARDO, CEBU CITY, CEBU</u>
Title or Position <u>REGISTERED MIDWIFE</u>	Date <u>OCTOBER 29, 2017</u>

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>
Name in Print <u>ROSEL D. YLAYA</u>	Name in Print <u>VICTORIA P. ADRIATICO</u>
Title or Position <u>MIDWIFE</u>	Title or Position <u>REGISTERED MIDWIFE</u>
Address <u>STAR BIRTHING HOME, BASAK PARDO, CEBU CITY, CEBU</u>	Date <u>OCTOBER 29, 2017</u>

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature <u>[Signature]</u>	Signature _____
Name in Print <u>MICHAEL N. GEMEL</u>	Name in Print _____
Title or Position <u>ADMINISTRATIVE AIDE III</u>	Title or Position _____
Date _____	Date _____

REMARKS/ANNOTATIONS (For CRO/OCRG Use Only)