

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

Registry No.

2015 00036

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

CHILD

1. NAME (First) **DANDY** (Middle) **USARES** (Last) **PRESBITERO**

2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **10** (Month) **DECEMBER** (Year) **2014**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution; House No., St., Barangay) **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU**

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 in chronological birth) **1ST** 6. WEIGHT AT BIRTH **2,900** grams

MOTHER

7. MAIDEN NAME (First) **PINKY** (Middle) **JARAPAN** (Last) **USARES**

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

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 **HOUSEWIFE** 12. AGE at the time of this birth **23**

13. RESIDENCE (House No., St., Barangay) **BRGY. PAKNAAN** (City/Municipality) **MANDAUE CITY** (Province) **CEBU** PHILIPPINES

FATHER

14. NAME (First) **DANDY JOY** (Middle) **YCOT** (Last) **PRESBITERO**

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **LDS** 17. OCCUPATION **MACHINE OPERATOR** 18. AGE at the time of this birth **25**

19. RESIDENCE (House No., St., Barangay) **BRGY. PAKNAAN** (City/Municipality) **MANDAUE CITY** (Province) **CEBU** PHILIPPINES

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

20a. DATE (Month) (Day) (Year) **AUGUST 8, 2014** 20b. PLACE (City/Municipality) (Province) **MANDAUE CITY, CEBU PHILIPPINES**

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) I hereby certify that I attended the birth of the child who was born alive at **10:18 PM** on the date of birth specified above

Signature _____ Address **VSMMC, CEBU CITY, CEBU**

Name in Print **JESSA ALEMANIA, MD**

Title or Position **MEDICAL OFFICER III** Date **12/10/2014**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____ Signature **ALONA J. MONTEJO**

Name in Print **DANDY JOY Y. PRESBITERO** Name in Print **ALONA J. MONTEJO**

Relationship to the Child **FATHER** Title or Position **CLERK**

Address **MANDAUE CITY, CEBU** Date **12/10/2014**

Date **12/10/2014**

24. RECEIVED BY Signature _____ 25. REGISTERED BY THE CIVIL REGISTRAR

Name in Print **LUZ N. CUGAY** Name in Print **LENDY B. TOMALABAD**

Title or Position **ADMINISTRATIVE AIDE III** Title or Position **ASSISTANT CITY CLERK**

Date **05 JAN 2015** Date **05 JAN 2015**