

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

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|--------------------------------------|-------------------------------|
| Province CEBU | Registry No. 2017 1367 |
| City/Municipality CONSOLACION | |

CHILD

1. NAME (First: **ALIZA**, Middle: **RENEA**, Last: **VEHARA**)

2. SEX (Male/Female): **FEMALE**

3. DATE OF BIRTH (Day: **19**, Month: **AUGUST**, Year: **2017**)

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution: **NAME CLAIM'S PH SERVICES CENTER & STD., Bldg., CONSOLACION, CEBU**)

5a. TYPE OF BIRTH (Single/Twin/Tripel, etc.): **SINGLE**

5b. IF MULTIPLE BIRTH, CHILD WAS (First/Second/Third, etc.): **NOT APPLICABLE**

5c. BIRTH ORDER (From first to last: First/Second/Third, etc.): **FOURTH**

6. WEIGHT AT BIRTH: **3,700** grams

MOTHER

7. MAIDEN NAME (First: **GENEVIVA**, Middle: **RODRIGO**, Last: **REYES**)

8. CITIZENSHIP: **FILIPINO**

9. RELIGION/RELIGIOUS SECT: **SOUTHERN BAPTIST**

10a. Total number of children born alive: **4**

10b. No. of children still living including this birth: **4**

10c. No. of children born alive but are now dead: **0**

11. OCCUPATION: **ACCOUNTANT**

12. AGE at the time of this birth (Completed years): **38**

13. RESIDENCE (House No., St., Barangay): **LORO** (City/Municipality): **CONSOLACION** (Province): **CEBU** (Country): **PHILIPPINES**

FATHER

14. NAME (First: **JULIN**, Middle: **RENEA**, Last: **VEHARA**)

15. CITIZENSHIP: **FILIPINO**

16. RELIGION/RELIGIOUS SECT: **SOUTHERN BAPTIST**

17. OCCUPATION: **BUS DRIVER**

18. AGE at the time of this birth (Completed years): **38**

19. RESIDENCE (House No., St., Barangay): **DONO** (City/Municipality): **CONSOLACION** (Province): **CEBU** (Country): **PHILIPPINES**

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

20a. DATE (Month: **AUGUST**, Day: **20**, Year: **2007**)

20b. PLACE (City/Municipality: **DONO CITY**, Province: **CEBU**, Country: **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, Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **07:00** am/pm on the date of birth specified above

Signature: *[Signature]* Address: **DONO, CONSOLACION, CEBU**

Name in Print: **LAMBERT S. SANTANA**

Title or Position: **REGISTERED MIDWIFE** Date: **AUGUST 19, 2017**

22. CERTIFICATION OF INFORMANT

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

Signature: *[Signature]* Name in Print: **GENEVIVA E. VEHARA**

Relationship to the Child: **MOTHER**

Address: **DONO, CONSOLACION, CEBU** Date: **AUGUST 19, 2017**

23. PREPARED BY

Signature: *[Signature]* Name in Print: **JULIE MAR S. MANANSALA**

Relationship to the Child or Position: **REGISTERED MIDWIFE** Date: **AUGUST 17, 2017**

24. RECEIVED BY

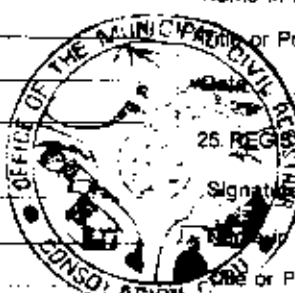
Signature: *[Signature]* Name in Print: **LORY B. AGBAY**

Title or Position: **Administrative Aide III** Date: **AUG 20, 2017**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature: *[Signature]* Name in Print: **ELOISE O. CUYOS**

Title or Position: **MUNICIPAL CIVIL REGISTRAR** Date: **AUG 23, 2017**



REMARKS/ANNOTATIONS (For LCR/OCRG Use Only)