

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. **2015 1603**
City/Municipality CONSOLACION

CHILD
1. NAME (First) ABDIEL (Middle) REYUA (Last) VERGARA
2. SEX (Male Female) MALE 3. DATE OF BIRTH (Day) 16 (Month) SEPTEMBER (Year) 2015
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) MAKY CLAIRE'S BIRTHING CENTER, TAYUD, CONSOLACION (City/Municipality) CEBU (Province) CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of birth to previous siblings during the year) (First, Second, Third, etc.) THIRD 6. WEIGHT AT BIRTH 3,900 grams

MOTHER
7. MAIDEN NAME (First) CRISTINA (Middle) RODRIGO (Last) REYUA
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT SEVENTH-DAY ADVENTIST
10a. Total number of children born alive 3 10b. No. of children still living including this birth 3 10c. No. of children born alive but are now dead 0 11. OCCUPATION ACCOUNTANT 12. AGE at the time of this birth (completed years) 36
13. RESIDENCE (House No., St. Barangay) TAYUD (City/Municipality) CONSOLACION (Province) CEBU (Country) PHILIPPINES

FATHER
14. NAME (First) JULIUS (Middle) BUENDIA (Last) VERGARA
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT SEVENTH-DAY ADVENTIST 17. OCCUPATION PIPE FITTER 18. AGE at the time of this birth (completed years) 36
19. RESIDENCE (House No., St. Barangay) TAYUD (City/Municipality) CONSOLACION (Province) CEBU (Country) PHILIPPINES

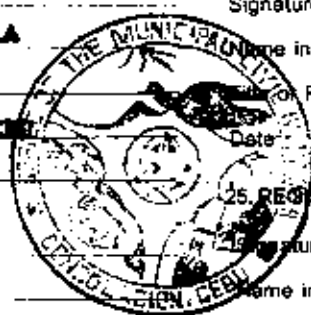
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) NOVEMBER (Day) 20 (Year) 2007 20b. PLACE (City/Municipality) BOGO CITY (Province) CEBU (Country) PHILIPPINES

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 02:12 am/pm on the date of birth specified above
Signature _____ Address TAYUD, CONSOLACION CEBU
Name in Print JANICE T. BALTESOT
Title or Position REGISTERED MIDWIFE Date SEPTEMBER 16, 2015

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 CRISTINA R. VERGARA
Relationship to the Child MOTHER
Address TAYUD, CONSOLACION CEBU
Date SEPTEMBER 16, 2015
23. PREPARED BY
Signature _____ Name in Print SHEJINA MAE T. ALKORCA
Title or Position REGISTERED MIDWIFE
Date SEPTEMBER 16, 2015

24. RECEIVED BY
Signature _____ Name in Print LORY DARBAN
Title or Position CLERK
Date SEP 28 2015
25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____ Name in Print ELOISE ALCUYOS
Title or Position MUNICIPAL CIVIL REGISTRAR
Date SEP 28 2015



REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)