

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2012-73**
City/Municipality **DOGO CITY**

CHILD

1. NAME (First) **ANICAIL** (Middle) **REMYA** (Last) **VERGARA**
2. SEX (Male / Female) **Female** 3. DATE OF BIRTH (Day) **18** (Month) **NOVEMBER** (Year) **2011**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution; House No., St., Barangay) (City/Municipality) (Province)
CEBU PROVINCIAL HOSPITAL, DOGO CITY, CEBU
5a. TYPE OF BIRTH (Single Twin Triplet, etc.) **Single** 5b. IF MULTIPLE BIRTH, CHILD WAS (First Second Third, etc.) **Second** 5c. BIRTH ORDER (Order of birth to previous live births including fetal death; First, Second Third, etc.) **2nd** 6. WEIGHT AT BIRTH **3,040** grams

MOTHER

7. MAIDEN NAME (First) **CRISTINA** (Middle) **RODRIGO** (Last) **REMYA**
8. CITIZENSHIP **Filipino** 9. RELIGION/RELIGIOUS SECT **Seventh Day Adventist**
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **Accountant** 12. AGE at the time of this birth (completed years) **32**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
NAILON DOGO CEBU PHIL.

FATHER

14. NAME (First) **JULIUS** (Middle) **RODRIGO** (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) **32**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
NAILON DOGO CEBU PHIL.

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

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 **9:07PM** am/pm on the date of birth specified above
Signature _____ Address **CPI, Dogo City, Cebu**
Name in Print **RENE CALS N. PALAY, MD**
Title or Position **Medical Officer III** Date **Dec. 18, 2011**

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 VERGARA**
Relationship to the Child **Mother**
Address **Nailon, Dogo City**
Date **Dec. 18, 2011**

23. PREPARED BY
Signature _____
Name in Print **MARY CHRISTINE S. TAJO**
Title or Position **Nurse**
Date **Dec. 18, 2011**

24. RECEIVED BY
Signature _____
Name in Print **Leticia A. Flores**
Title or Position **Admin. Aide VI**
Date **January 9, 2012**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print **Sheila A. Arcullo**
Title or Position **City Civil Registrar**
Date **January 9, 2012**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)