

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	CEBU	Registry No.	2018 23128
City/Municipality	CEBU CITY		

CHILD	1. NAME (First) (Middle) (Last) CHANTELLE NICOLE AROGANTE BENGIL			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 30 AUGUST 2018		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2,900 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JENALYN AROPO AROGANTE			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT CATHOLIC	
	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 BPO
	12. AGE at the time of this birth (completed years) 24			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) B14 L30, DUMLOG, TALISAY CITY, CEBU, PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last) AXL HEINTJIE PACULABA BENGIL		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION PROCESS EXECUTIVE
	18. AGE at the time of this birth (completed years) 23		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) B14 L30, DUMLOG, TALISAY CITY, CEBU, PHILIPPINES			

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

20a. DATE (Month) (Day) (Year) FEBRUARY 23, 2018	20b. PLACE (City / Municipality) (Province) (Country) TALISAY CITY, CEBU, PHILS.
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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 **05:16 PM** on the date of birth specified above.

Signature _____ Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**

Name in Print **JOJE WEVA GLEE NOVABOS, M.D.**

Title or Position **PHYSICIAN** Date **30 AUGUST 2018**

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 **JENALYN A. BENGIL**

Relationship to the Child **MOTHER**

Address **DUMLOG, TALISAY CITY, CEBU**

Date **30 AUGUST 2018**

23. PREPARED BY

Signature _____

Name in Print **ANGELI P. CATALAN**

Title or Position **CLERK**

Date **30 AUGUST 2018**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **ADMINISTRATIVE AIDE III**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **PHILIPPA MEGABON**

Title or Position **REGISTRATION OFFICER**