

OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province	Registry No.
City/Municipality <b>CEBU CITY</b>	<b>2019 33994</b>

CHILD	1. NAME (First) (Middle) (Last)		
	<b>MICHAELLA VENICE CABALLES BAÑARES</b>		
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)	
	<b>FEMALE</b>	<b>17 DECEMBER 2019</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)		
<b>MARY CLAIRE MATERNITY CLINIC TINAGO, CEBU CITY CEBU</b>			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
<b>SINGLE</b>	<b>N/A</b>	<b>SECOND</b>	<b>2,900</b> grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last)			
	<b>MICHELLE DICHOS CABALLES</b>			
	8. CITIZENSHIP		9. RELIGION/RELIGIOUS SECT	
	<b>FILIPINO</b>		<b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION
<b>2</b>	<b>2</b>	<b>0</b>	<b>CALL CENTER AGENT</b>	<b>25</b>
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)				
<b>KAMPU THAW CEBU CITY CEBU PHILIPPINES</b>				

FATHER	14. NAME (First) (Middle) (Last)			
	<b>RONEL ALEGRIA BAÑARES</b>			
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
	<b>FILIPINO</b>	<b>ROMAN CATHOLIC</b>	<b>PIPES FITTER</b>	<b>24</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)				
<b>KAMPU THAW CEBU CITY CEBU PHILIPPINES</b>				

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

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality) (Province) (Country)
<b>NOT MARRIED</b>	<b>NOT MARRIED</b>

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 **12:42 AM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **TINAGO, CEBU CITY, CEBU**

Name in Print **MARIA LUZ P. VILLAGONZALO**

Title or Position **MIDWIFE** Date **DECEMBER 17, 2019**

<p>22. CERTIFICATION OF INFORMANT</p> <p>I hereby certify that all information supplied are true and correct to my own knowledge and belief.</p> <p>Signature _____</p> <p>Name in Print <b>MICHELLE DICHOS CABALLES</b></p> <p>Relationship to the Child <b>MOTHER</b></p> <p>Address <b>KAMPU THAW, CEBU CITY</b></p> <p>Date <b>DECEMBER 17, 2019</b></p>	<p>23. PREPARED BY</p> <p>Signature _____</p> <p>Name in Print <b>MARIA LUZ P. VILLAGONZALO</b></p> <p>Title or Position <b>MIDWIFE</b></p> <p>Date <b>DECEMBER 17, 2019</b></p>
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<p>24. RECEIVED BY</p> <p>Signature _____</p> <p>Name in Print <b>LUZ N. CUGAY</b></p> <p>Title or Position <b>Administrative Aide III</b></p> <p>Date <b>DEC 27 2019</b></p>	<p>25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>Signature _____</p> <p>Name in Print <b>LOUELLA N. DEJITO</b></p> <p>Title or Position <b>Registration Officer III</b></p> <p>Date <b>DEC 27 2019</b></p>
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

