

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province <b>CEBU</b>	Registry No. <b>2020 15218</b>
City/Municipality <b>CEBU CITY</b>	

<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>ANASTASIA QUINN CABUSAS LAÑOCHAN</b>
	2. SEX (Male / Female) <b>FEMALE</b>
	3. DATE OF BIRTH (Day) (Month) (Year) <b>02 AUGUST 2020</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>SAINT ANTHONY MOTHER &amp; CHILD HOSPITAL - BASAK SAN NICOLAS, CEBU CITY, CEBU</b>
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>

<b>MOTHER</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N.A.</b>
	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>
	6. WEIGHT AT BIRTH <b>2950 grams</b>
	7. MAIDEN NAME (First) (Middle) (Last) <b>BEVERLY PACUBAS CABUSAS</b>
	8. CITIZENSHIP <b>FILIPINO</b>

<b>FATHER</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
	10a. Total number of children born alive <b>1</b>
	10b. No. of children still living including this birth <b>1</b>
	10c. No. of children born alive but are now dead <b>0</b>
	11. OCCUPATION <b>CALL CENTER AGENT</b>

<b>MARRIAGE OF PARENTS</b>	12. AGE at the time of this birth (Completed years) <b>24</b>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>LOWER STO. NIÑO, INAYAWAN CEBU CITY CEBU PHILIPPINES</b>
	14. NAME (First) (Middle) (Last) <b>RETCHIE BERTANICO LAÑOCHAN</b>
	15. CITIZENSHIP <b>FILIPINO</b>
	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>

17. OCCUPATION <b>MERCHANDISER</b>	18. AGE at the time of this birth (Completed years) <b>33</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>LOWER STO. NIÑO, INAYAWAN CEBU CITY CEBU PHILIPPINES</b>	

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

21a. ATTENDANT  
 Physician     Nurse     Midwife     Hilot (Traditional Birth Attendant)     Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at **02:22 P.M.** am/pm on the date of birth specified above.

Signature 	Address <b>SAMCH - BASAK SAN NICOLAS CEBU CITY, CEBU</b>
Name in Print <b>DR. KIRBY S. ARDIENTE</b>	Date <b>AUGUST 02, 2020</b>
Title or Position <b>Medical Officer III</b>	

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature 	Signature 
Name in Print <b>BEVERLY P. CABUSAS</b>	Name in Print <b>SIMON CHARLES P. BAYON</b>
Relationship to the Child <b>Mother</b>	Title or Position <b>Nurse II</b>
Address <b>Lower Sto. Niño, Inayawan, Cebu City, Cebu</b>	Date <b>August 02, 2020</b>
Date <b>August 02, 2020</b>	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature 	Signature 
Name in Print <b>LUZ N. ...</b>	Name in Print <b>PHILIPP A. MEGABO</b>
Title or Position <b>Administrative Aide III</b>	Title or Position <b>REGISTRATION OFFICER IV</b>
Date <b>AUG 17 2020</b>	Date <b>AUG 17 2020</b>

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)