(Revised January 2007) Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

	rovince CEBU				Registry No.		
Flovince					-	9	18476
C	ity/Municipality CEBU	GITY	***************************************		201	U	10410
	M. NAME (First) SEBASTIAN GABI	RIELE	(Middle)		(La	**	
		3. DATE OF	ZATA			CAY	
C	2. SEX (Male / Female) MALE	BIRTH	(Day)		(Month) JUNE		(Year) 2013
H	A STATE OF THE STA	al/Clinic/Institution/	11 (City/N	lunicipality)		rovino	
1	4. PLACE OF (Name of Hospital/Clinic/institution/ (City/Municipality) (Province) BIRTH House No., St., Barangay) CEBU (VELEZ) GENERAL HOSPITAL, F. RAMOS STREET, CEBU CITY CEBU						
D	5a. TYPE OF BIRTH	5b. IF MULTIPLE BIR	TH, CHILD WAS	5c. BIRTH	ORDER (Order of this bit	th to	6. WEIGHTAT BIRTH
	(Single,Twin,Triptet, etc.)	(First, Second, Thi	rd, etc.)	(First, Seco	orths including fetal death) and, Third, etc.)		1 2 000
_	SINGLE	<u> </u>		FIF	RS\$		2,900 grams
	7. MAIDEN (First) NAME LITZEL		(Middle)			Last)	
M	8. CITIZENSHIP		CAÑAMO	HOLONIDELL	GIOUS SECT	ZATA	1
O	FILIPINO						
H	10a. Total number of 10b. No. of chil-		dren born 11.	OMAN CA	THOLIC		12. AGE at the time of this
E	children born alive living including	, and birdi	re now dead				birth (completed years
R	1 13. RESIDENCE (House No., St.,	Barangay)	(City/Municipal	OFFICE	STAFF (Province)		24
	OPAL STREET, STA. TER				,		, ,,
-	14. NAME (First)		(Middle)	3 0111	CEBU		PHILIPPINES
F	GLENN				(Last)		
A		FACINABA(	17. OCCUF	TION 18. AGE at the time of the			
T	FILIPINO						birth (completed years)
E		ROMAN CATHOLI		NONE	-		38
D 1			(City/Municipa		(Province)		(Country)
PAL STREET, STA. TERESITA VILLAGE, TISA, CEBU CITY CEBU PHILIPPINES  MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Patemity at the back.)  20a. DATE (Month) (Day) (Year)   20b. PLACE (City / Municipality) (Province) (Country)							
21a.	ATTENDANT						
,							
241	_1 Physician 2 Nurse	_ 3 Midwife				ers (S	pecify)
210.	CERTIFICATION OF ATTENDANT AT	BIRTH (Physician, Nurse, I the birth of the child wh	Midwife, Traditional	Birth Attendant	Hilot, etc.)	a data	of hirth specified about
I hereby certify that I attended the birth of the child who was born alive a0: 11 P.M. am/pm on the date of birth specified							
Sigr	nature AM CANTON TO CONTROL	Address	Addres CEBU (VELEZ) GENERAL HOSPITAL				
	ne in Pript SANDY T. CHUA	F. RA	F. RAMOS STREET, CEBU CITY				
Title	or Position RESIDENT PHYSI	Date	Date JUNE 13, 2013				
22. C	ERTIFICATION OF INFORMANT I hereby certify that all information	23. PRE	23. PREPARED BY				
	correct to my own knowledge and be						
	nature Zarline	Signat	Signature				
Nan	ne in PrintLITZEL C. ZATA		Name in Print CAMILA J. HORTELANO				
	ationship to the Child MOTHER	1					
	ress TISA, CEBU CITY	= -	Title or Position HEAD, MEDICAL RECORDS				
Date	TIDES AS COLUMN	Date _	DateJUNE 13, 2013				
	ECEIVED BY	25. REG	ISTERED B	Y THE CIVIL REGIS	TRAR		
Sign	natureke	Signat	Signature				
Nam	ne in Print LUZ CUGAY		Name in Print OSCAR B. MOIO				
Title or Position ADMINISTRATIVE AIDE III				Title or Position ASST. CITY CIVIL REGISTRAR			
Date							
	ARKS/ANNOTATIONS (For L		Date _		10N Z 5	Cold	
			.,				
		4					
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Lisa Drace S. Bersales

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National Statistician and Civil Registrar General
Philippine Statistics Authority