



Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2018 23072
 City/Municipality CEBU CITY

CHILD
 1. NAME (First) (Middle) (Last)
DOMINIC ZEKE SANTOS PIEDAD
 2. SEX (Male/Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)
31 August 2018
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A 5c. BIRTH ORDER (Order of birth to parents the same sex/sexes) (First, Second, Third, etc.) THIRD 5. WEIGHT AT BIRTH 3280 grams

MOTHER
 7. MANDEN NAME (First) (Middle) (Last)
JENNIFER CASTRO SANTOS
 8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
 10a. Total number of children born alive THREE 10b. No. of children still living including this birth THREE 10c. No. of children born alive but are now dead NONE 11. OCCUPATION BUSINESSWOMAN 12. AGE at the time of this birth (completed years) 41
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BLOCK 1 LOT 6 RAJAH TOWNHOMES PAGSABUNGAN MANDAUE CITY, CEBU, PHILIPPINES

FATHER
 14. NAME (First) (Middle) (Last)
AURO CARMELO CAMPOGAN PIEDAD
 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION BUSINESSMAN 18. AGE at the time of this birth (completed years) 40
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BLOCK 1 LOT 6 RAJAH TOWNHOMES PAGSABUNGAN MANDAUE CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)
 20a. DATE (Month) (Day) (Year) September 02 2006 20b. PLACE (City / Municipality) (Province) (Country)
CEBU CITY, CEBU, PHILIPPINES

21a. ATTENDANT
 XX 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 04:15 PM am/pm on the date of birth specified above.
 Signature _____ Address C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU
 Name in Print EVELYN CABRERA TAM, M.D.
 Title or Position ATTENDING PHYSICIAN Date September 01, 2018

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.
 Signature _____ 23. PREPARED BY
 Name in Print AURO CARMELO CAMPOGAN PIEDAD Signature _____
 Relationship to the Child FATHER Name in Print ELIZER SADAYA DELA CERNA
BLOCK 1 LOT 6 RAJAH TOWNHOMES Title or Position MEDICAL RECORDS STAFF
 Address PAGSABUNGAN MANDAUE CITY, CEBU Date September 01, 2018
 Date September 01, 2018

24. RECEIVED BY
 Signature _____ 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Name in Print LUZ N. CUGAY Signature _____
 Title or Position Administrative Aide III Name in Print PHILIPPA MEGABON
 Date SEP 05 2018 Title or Position REGISTRATION OFFICER IV
 Date SEP 05 2018

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 [] 9 [] 11 [] 13 [] 15 [] 16 [] 17 [] 19 []

07853-9H-991MCR-04412-B1001
 BEST POSSIBLE IMAGE



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BReN
 02217-B18QX05-9
 Documentary
 Stamp Tax Paid

CDSM
 CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

