



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

Province, <b>CEBU</b>		Registry No. <b>2019-2215</b>	
City/Municipality <b>BALAMBAN</b>			
1. NAME (First) <b>AADRIE</b> (Middle) <b>AVENTUNA</b> (Last) <b>BERNARDEZ</b>			
2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>17</b> (Month) <b>AUGUST</b> (Year) <b>2019</b>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>CEBU PROVINCIAL HOSPITAL - BALAMBAN</b> (City/Municipality) <b>BALAMBAN</b> (Province) <b>CEBU</b>			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>	5c. BIRTH ORDER (Order of this birth in previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>3,000</b> grams
7. MAIDEN NAME (First) <b>JUNE LIBERTY</b> (Middle) <b>FUENTES</b> (Last) <b>AVENTUNA</b>			
8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
10a. Total number of children born alive <b>01</b>	10b. No. of children still living including this birth <b>01</b>	10c. No. of children born alive but are now dead <b>00</b>	11. OCCUPATION <b>CALL CENTER REPRESENTATIVE</b>
12. AGE at the time of this birth (completed years) <b>33</b>			
13. RESIDENCE (House No., St., Barangay) <b>POBLACION</b> (City/Municipality) <b>ASTURIAS</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>			
14. NAME (First) <b>ABIE JOHN</b> (Middle) <b>BARDAGO</b> (Last) <b>BERNARDEZ</b>			
15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
17. RESIDENCE (House No., St., Barangay) <b>NAZARETH BUHISAN</b> (City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>			
18. MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>	
21a. ATTENDANT			
<input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>12:16 AM</b> am/pm on the date of birth specified above.			
Signature _____ Name in Print <b>RUBY ROSE D. ROLLES, M.D</b> Title or Position <b>MEDICAL SPECIALIST I</b>		Address <b>CEBU PROVINCIAL HOSPITAL - BALAMBAN</b> <b>BALAMBAN, CEBU</b> Date <b>August 19, 2019</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 _____ Name in Print <b>JUNE LIBERTY F. AVENTUNA</b> Relationship to the Child <b>MOTHER</b> Address <b>POBLACION, ASTURIAS, CEBU</b> Date <b>AUGUST 19, 2019</b>		Signature _____ Name in Print <b>MARIA JANETTE T. SOTES</b> Title or Position <b>MEDICAL RECORDS CLERK</b> Date <b>AUGUST 19, 2019</b>	
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature _____ Name in Print <b>LOWEL C. BENDEBEL</b> Title or Position <b>Administrative Aide-III</b> Date _____		Signature _____ Name in Print <b>ADELINA A. ULBINARIO</b> Title or Position <b>Municipal Civil Registrar</b> Date <b>August 30, 2019</b>	
REMARKS/ANNOTATIONS (For LCR/OCRG Use Only)			

TO BE FILED-UP AT THE OFFICE OF THE CIVIL REGISTRAR



Revised Form No. 802  
March 1985

To be accomplished in English

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(For all children, including and including illegitimate)

PROVINCE Cebu  
CITY/MUNICIPALITY Asturias LOCAL CIVIL REGISTRY NO. 96-396

1. NAME (First) JONI LIBERTY (Middle) POUNTER (Last) AYRTUSA

2. DATE OF BIRTH (Year) 12 (Month) June (Day) 1986

3. PLACE OF BIRTH (Name of Hospital/Institution - If not in hospital, give street/neighborhood) Population, Asturias, Cebu (City/Municipality) (Province)

4. TYPE OF BIRTH (Place 'X' at appropriate answer)  
 Single  Twin  Triplet or more

5. IF MULTIPLE BIRTH, CHILD WAS  
 1 First  2 Second  3 Third, 4th, etc.

6. SEX (Place 'X' at appropriate answer)  
 Male  Female

7. NATIONALITY Filipino 8. RELIGION Roman Catholic

9. NAME (First) MARCO (Middle) Y. (Last) AYRTUSA 10. NATIONALITY Filipino 11. RELIGION Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, for Affidavit of Acknowledgment of the Socko)  
June 2, 1985, Asturias, San Remigio, Cebu

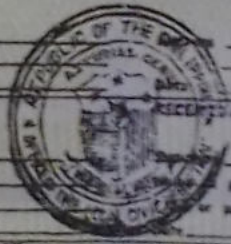
13. CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born above at 1:45 of which I am a midwife.

Signature [Signature] Address Asturias, Cebu  
 Date in print June 12, 1986 Date June 12, 1986  
 Title or position PUBLIC HEALTH NURSE

14. INFORMANT  
 Signature [Signature] Name in print YVES P. ANASTAS Address PRO ASTURIAS, CEBU  
 Relationship to child PARENT Date June 12, 1986

15. PREPARED BY  
 Signature [Signature] Name in print JOSE L. MARCO Address PRO ASTURIAS, CEBU  
 Title or position Registrar Date June 17, 1986

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
 DATE WHEN INFORMATION WAS SUPPLIED June 27, 1986



\*Additional informants should also provide information for items 17 to 25. This code book are to be filed out at the Office of the Local Civil Registrar.

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 9600396 Original/Retain 1

CITY/MUNICIPALITY Asturias

17. Weight at Birth (in grams) 3250 18. Birth Order of Child (GA, IV, V, etc.) 1

19. Total Number of Children Born Alive 1 20. How many children are now living including this birth? 1 21. How many children were born dead (still born, etc.)? 0

22. Usual Occupation (Ex: worker) Elementary School Teacher 23. Age of the child at this birth 24

24. Usual Residence (Ex: urban) Population, Asturias, Cebu 25. Age of the wife at this birth 23

26. Usual Occupation laborer 27. Age of the husband at this birth 35

28. Attendant at Birth (Place 'X' at appropriate answer)  
 Physician  Nurse  Midwife  Priest  Other

29. Date of Birth 7-06-86 30. Place of Birth 9600396 31. Mother's Nationality 1 32. Father's Nationality 1

33. NAME OF CHILD  
 First JONI Last AYRTUSA

PSA Form No. 40-400RPR-00087-BI001  
 1985071986  
 1985071986

BRN  
 02205-A86MC01-3  
 Documentary  
 Stamp Tax Paid

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

