

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

Province **CEBU** Registry No. \_\_\_\_\_  
City/Municipality **CEBU CITY**

1. NAME (First) (Middle) (Last)  
**ELLIE AMETHYST POSPOS SALABE**

2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**6 SEPTEMBER 2019**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) **2ND** 6. WEIGHT AT BIRTH **2,950 grams**

7. MAIDEN NAME (First) (Middle) (Last)  
**ALMA ANCIO POSPOS**

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **27**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**N. DERAMA ST., POBLACION BOLJOON CEBU PHILIPPINES**

14. NAME (First) (Middle) (Last)  
**BREZZIE PELONIO SALABE**

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CUSTOMER SERVICE REP.** 18. AGE at the time of this birth (completed years) **27**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**N. DERAMA ST., POBLACION BOLJOON CEBU PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
a. DATE (Month) (Day) (Year) **JUNE 24, 2017** 20b. PLACE (City / Municipality) (Province) (Country)  
**BOLJOON, CEBU PHILIPPINES**

ATTENDANT  
1 Physician \_\_\_\_\_ 2 Nurse \_\_\_\_\_ 3 Midwife \_\_\_\_\_ 4 Hilot (Traditional Birth Attendant) \_\_\_\_\_ 5 Others (Specify) \_\_\_\_\_

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 \_\_\_\_\_ am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **VSMC, CEBU CITY**  
Name in Print **DIORILLE ROSE MALAQUE, MD**  
Title or Position **MEDICAL OFFICER III** Date **SEPTEMBER 6, 2019**

CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature \_\_\_\_\_  
Name in Print **BREZZIE P. SALABE**  
Relationship to the Child **FATHER**  
Address **BOLJOON, CEBU**  
Date **SEPTEMBER 6, 2019**

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print **ALONA J. MONTEJO**  
Title or Position **CLERK**  
Date **SEPTEMBER 6, 2019**

RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print **LUZ N. CUGAY**  
Title or Position **ADMINISTRATIVE AIDE III**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_