

CERTIFICATE OF LIVE BIRTH

Province CEBU	Registry No. 2017 30442
City/Municipality CEBU CITY	

CHILD	1. NAME (First) ULYSIS XAVIER (Middle) POSPOS (Last) SALABE		
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 16 (Month) OCTOBER (Year) 2017	
	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.) 1ST

MOTHER	7. MAIDEN NAME (First) ALMA (Middle) ANCIO (Last) POSPOS				
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE	12. AGE at the time of this birth (completed years) 25
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) POBLACION BOJOON CEBU PHILIPPINES				

FATHER	14. NAME (First) BREZZIE (Middle) PELONIO (Last) SALABE				
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION CALL CENTER AGENT	18. AGE at the time of this birth (completed years) 26
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) POBLACION BOJOON CEBU PHILIPPINES				

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) JUNE 24, 2017	20b. PLACE (City / Municipality) (Province) (Country) BOJOON, CEBU PHILIPPINES
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21a. ATTENDANT

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 **7:54 PM** am/pm on the date of birth specified above.

Signature _____ Address **VSMCC, CEBU CITY, CEBU**

Name in Print **JULY ROSE ALAMEDA, MD**

Title or Position **MEDICAL OFFICER III** Date **OCTOBER 16, 2017**

22. 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 **BOJOON CEBU**

Date **OCTOBER 16, 2017**

23. PREPARED BY

Signature _____

Name in Print **JOHANNA PAULA C. MANSUETO**

Title or Position **CLERK**

Date **OCTOBER 16, 2017**

24. RECEIVED BY

Signature _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature **PHILIP A. MANSUETO**