

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **NUEVA ECIJA**
City/Municipality **CABANATUAN CITY**

Registry No.
2022-4277

CHILD	1. NAME (First) (Middle) (Last) MARIA ISABELLIE JOSEFIN CADIZ BAENA		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 9 APRIL 2022	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) NUEVA ECIJA GOOD SAMARITAN HEALTH SYSTEM INC., CABANATUAN CITY, NUEVA ECIJA		
	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.) SECOND
6. WEIGHT AT BIRTH 2800 grams			

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MARIA ANJELI SANTOS CADIZ		
	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 ACCOUNTANT		12. AGE at the time of this birth (completed years) 34
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) NO. 14 JIMENEZ ST., KAPITAN PEPE CABANATUAN CITY NUEVA ECIJA PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last) JOSELITO THOMAS GHADRY PALOMA BAENA		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION LAWYER
	18. AGE at the time of this birth (completed years) 35		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 00649 VASQUEZ ST., BRGY. WASHINGTON, SURIGAO CITY, SURIGAO DEL NORTE, PHILIPPINES			

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


20a. DATE (Month) (Day) (Year) **MAY 28, 2018** 20b. PLACE (City / Municipality) (Province) (Country) **CABANATUAN CITY NUEVA ECIJA PHILIPPINES**

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.)

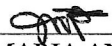
I hereby certify that I attended the birth of the child who was born alive at **4:40 PM** am/pm on the date of birth specified above.

Signature 
Name in Print **ROMINA GRIZELDA O. MALLARI M.D.**
Title or Position **Obstetric Gynecology**


Address **N.E. Good Samaritan Health System, Inc., Cabanatuan City, Nueva Ecija**
Date **April 9, 2022**

22. CERTIFICATION OF INFORMANT

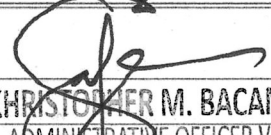
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature 
Name in Print **MARIA ANJELI C. BAENA**
Relationship to the Child **Mother**
Address **#14 JIMENEZ ST., CABANATUAN CITY**
Date **April 9, 2022**

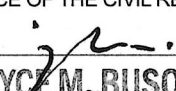
23. PREPARED BY

Signature 
Name in Print **LUNINGNING E. RAMOS, RN**
Title or Position **Staff Nurse**
Date **April 9, 2022**

24. RECEIVED BY

Signature 
Name in Print **KRISTOPHER M. BACANI**
Title or Position **ADMINISTRATIVE OFFICER V**
Date **12 APR 2022**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature 
Name in Print **JOYCE M. BUSOG**
Title or Position **Asst. City Civil Registrar**
Date **12 APR 2022**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)