## Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

Pro	ovince	CAVITE		Registry No.					
City/Municipality CITY OF DASMARIÑAS						2017-3454			
CHILD	1. NAME (First) (Midt FERNAL)								
	2. SEX (Male / Female) FEMALE		3. DATE OF BIRTH		(Day) <b>19</b>		(Month) APRIL	(Year) <b>2017</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ Barangay) ST. PAUL HOSPITAL CAVITE BUROL II, CIT					unicipality) DASMARIÑA	S, CAVITE	nce)	
	5a. TYPE OF BIRTH (Single,Twill Triplet etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD (First, Second, Third, etc.)  N/A		LD WAS	5c. BIRTH ORDER (Order of this birth to previous tive births including fetal dealth) (First, Second, Terrary)		6. WEIGHTAT BIRTH  2920  gram:	
MOTHER	7. MAIDEN (First) NAME JOAN		(Middle BAÑADER			(Last) FERNAN			
	8. CITIZENSHIP FILIPINO				9. RELIGION/RELIGIOUS SECT  CATHOLIC				
	10a. Total number of children born alive 1 10b. No. of child living including 1 1 13. RESIDENCE (House No., St.,		this birth alive but are now dead 0  Barangay) (City/Mu		Municipali			12. AGE at the time of t birth (completed yea 25 (Country)	
	9258 BRGY. BUROL MAIN, CITY OF DASMARIÑAS, CAVITE					and the second s		PHILIPPINES	
FATHER	14. NAME	(First)	(Middle)				(Last)		
	15. CITIZENSHIP FILIPINO	JAY	TRONI 16. RELIGION/RELIGIOUS SECT CATHOLIC			17. OCCUPA		18. AGE at the time of the birth (completed year 30)	
	19. RESIDENCE (House No., St., Barangay) (City/Mu					ility)	(Province)	(Country) PHILIPPINES	
	RRIAGE OF PAR . DATE (Month) MAY	RENTS (If not m	(Year) 2015	20b. PLACE	(City / N	ent/Admission of Municipality) SMARIÑAS,	(Province)	(Country) PHILIPPINES	
21b	ATTENDANT  X  1 Physician  CERTIFICATION OF I hereby certif	2 Nurse ATTENDANT AT fy that I attended	BIRTH(P	idwife 4 Hilo nysician, Nurse, Midwife of the child who was	Traditional	Birth Attendant/H 8:47A atST	(of, etc.)	s (Specify) late of birth specified abov CAVITE	
Name in Print RITA TERESITA PAGKATIPUNAN, M.D.					BUROL II, CITY OF DASMARIÑAS, CAVITE				
Tit	Title or Position OBSTETRICIAN				APRIL 20, 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  Relationship to the Child  9258 BRGY.BUROL MAIN  Address  CITY OF DASMARIÑAS, CAVITE  APRIL 20,2017					Signature  CRISTINA A. TESALUNA  Name in Print HEALTH INFORMATION MANAGEMENT  Title or Position  ARPIL 20, 2017  Date				
Date  24. RECEIVED BY  Signature  Name in Print  Title or Position						25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  Signature  Name in Print  Title or Position			