

CERTIFICATE OF LIVE BIRTH

Province <u>PANGASINAN</u>		Registry No. <u>2024-337</u>	
City/Municipality <u>ROSALES</u>			
CHILD	1. NAME (First) <u>CLAYTON DRAVIE</u> (Middle) <u>ACOSTA</u> (Last) <u>BASAYA</u>		
	2. SEX (Male/Female) <u>MALE</u>	3. DATE OF BIRTH (Day) <u>9</u> (Month) <u>MARCH</u> (Year) <u>2024</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>CFERMTC GOVT. CENTER, CARMAY EAST</u> (City/Municipality) <u>ROSALES</u> (Province) <u>PANGASINAN</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N/A</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>
MOTHER	7. MAIDEN NAME (First) <u>ZANDRA CLAIRE</u> (Middle) <u>ROSIMO</u> (Last) <u>ACOSTA</u>		
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>0</u>
	11. OCCUPATION <u>FIREWOMAN</u>		12. AGE at the time of this birth (completed years) <u>27</u>
FATHER	13. RESIDENCE (House No., St., Barangay) <u>CABITNONGAN</u> (City/Municipality) <u>SAN NICOLAS</u> (Province) <u>PANGASINAN</u> (Country) <u>PHILIPPINES</u>		
	14. NAME (First) <u>JOHN ARVIE</u> (Middle) <u>CALUAG</u> (Last) <u>BASAYA</u>		
	15. CITIZENSHIP <u>FILIPINO</u>	16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>	17. OCCUPATION <u>PHILIPPINE NATIONAL POLICE</u>
	18. AGE at the time of this birth (completed years) <u>26</u>		
19. RESIDENCE (House No., St., Barangay) <u>CABITNONGAN</u> (City/Municipality) <u>SAN NICOLAS</u> (Province) <u>PANGASINAN</u> (Country) <u>PHILIPPINES</u>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) <u>JANUARY</u> (Day) <u>8</u> (Year) <u>2024</u>			
20b. PLACE (City/Municipality) <u>SAN NICOLAS,</u> (Province) <u>PANGASINAN,</u> (Country) <u>PHILIPPINES</u>			
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input 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/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>12:00 am</u> on the date of birth specified above.			
Signature <u>FLORY MAY N. LEPROZO, MD</u>		Address <u>CFERMTC, GOVT. CENTER, CARMAY EAST</u>	
Name in Print <u>OBSTETRICIAN-GYNECOLOGIST</u>		ROSALES, PANGASINAN	
Title or Position _____		Date <u>MARCH 9, 2024</u>	
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 <u>JOHN ARVIE C. BASAYA</u>		Signature <u>KATHERINE F. REYES</u>	
Name in Print <u>FATHER</u>		Name in Print <u>NURSE</u>	
Relationship to the Child <u>SAN NICOLAS, PANGASINAN</u>		Title or Position <u>MARCH 9, 2024</u>	
Address _____		Date _____	
Date <u>MARCH 9, 2024</u>			
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature <u>MADELYN B. SANTOS</u>		Signature <u>JIMLO N. OLEGARIO</u>	
Name in Print <u>SR. ADMIN. ASST. I</u>		Name in Print <u>MUN. CIVIL REGISTRAR</u>	
Title or Position <u>MARCH 15, 2024</u>		Title or Position <u>MARCH 15, 2024</u>	
Date _____		Date _____	

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8	9	11	13	15	16	17	18