

CERTIFICATE OF LIVE BIRTH

Province LAGUNA				Registry No. 2018-7052	
City/Municipality SAN PABLO CITY					
CHILD	1. NAME (First) (Middle) (Last) FRANCES ARYA ISLES MARQUEZ		2. SEX (Male / Female) FEMALE		
	3. DATE OF BIRTH (Day) (Month) (Year) 04 DECEMBER 2018		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) COMMUNITY GENERAL HOSPITAL SAN PABLO CITY LAGUNA		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2608 grams	
	7. MAIDEN NAME (First) (Middle) (Last) CHRISTINE LA MADRID ISLES				
MOTHER	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 TEACHER	
	12. AGE at the time of birth (completed years) 27		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. LAGALAG TIAONG QUEZON PHILIPPINES		
	14. NAME (First) (Middle) (Last) JOHN PAULO DE LOS REYES MARQUEZ				
FATHER	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		17. OCCUPATION SYSTEMS ANALYST
	18. AGE at the time of birth (completed years) 27		19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) LAPIDS VILLE SUBD. BRGY. LUMINGON TIAONG QUEZON PHILIPPINES		
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) JULY 8, 2018		20b. PLACE (City / Municipality) (Province) (Country) TIAONG QUEZON PHILIPPINES			
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 07:24 AM am/pm on the date of birth specified above					
Signature _____ Name in Print MA. ELNORA A. ESCUETA, M.D. Title or Position OBSTETRICIAN/GYNECOLOGIST			Address COMMUNITY GENERAL HOSPITAL, SAN PABLO CITY, LAGUNA Date DECEMBER 5, 2018		
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 JOHN PAULO D. MARQUEZ Relationship to the Child FATHER Address LAPIDS VILLE SUBD. BRGY. LUMINGON, TIAONG, QUEZON Date DECEMBER 5, 2018			23. PREPARED BY Signature _____ Name in Print MONETTE ANGELA F. MAALA, RN Title or Position NICU - STAFF NURSE Date DECEMBER 5, 2018		
24. RECEIVED BY Signature _____ Name in Print JESUSA A. CAAUS Title or Position CLERK III Date DEC 06 2018			25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print VICTORIA G. MALOLFS Title or Position CITY CIVIL REGISTRAR Date DEC 06 2018		

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

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