

## CERTIFICATE OF LIVE BIRTH

Province <b>LAGUNA</b>		Registry No. <b>2017-645</b>			
City/Municipality <b>CITY OF SANTA ROSA</b>					
CHILD	1. NAME (First) (Middle) (Last) <b>ZACH EZEKIEL RAMIREZ RATONEL</b>				
	2. SEX (Male / Female) <b>Male</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>03 February 2017</b>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>Santa Rosa Hospital and Medical Center Balibago City of Santa Rosa Laguna</b>				
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>Single</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>Not Applicable</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>Second</b>	6. WEIGHT AT BIRTH <b>3490</b> grams	
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>MANILYN BON SOL RAMIREZ</b>				
	8. CITIZENSHIP <b>Filipino</b>		9. RELIGION/RELIGIOUS SECT <b>Aglipay</b>		
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>Sales Staff</b>	12. AGE at the time of this birth (completed years) <b>24</b>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>B2 L34 P8 Geneva St. Garden Villas 3 City of Santa Rosa Laguna Philippines</b>				
FATHER	14. NAME (First) (Middle) (Last) <b>JOHN ALBERT VOLANTE RATONEL</b>				
	15. CITIZENSHIP <b>Filipino</b>	16. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>	17. OCCUPATION <b>Quality Assurance Technician</b>	18. AGE at the time of this birth (completed years) <b>25</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>B2 L34 P8 Geneva St. Garden Villas 3 City of Santa Rosa Laguna Philippines</b>				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
20a. DATE (Month) (Day) (Year) <b>September 03 2016</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>Paete Laguna Philippines</b>			
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 <b>11.33 AM</b> am/pm on the date of birth specified above.					
Signature _____ Name in Print <b>Ma. Victoria R. Barqueros, M.D.</b> Title or Position <b>OB-Gyn</b>		Address <b>c/o SRHMC - Balibago</b> <b>City of Santa Rosa Laguna</b> Date <b>February 04 2017</b>			
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 <b>Manilyn R. Ratonel</b> Relationship to the Child <b>Mother</b> Address <b>Malusak, City of Santa Rosa, Laguna</b> Date <b>February 04 2017</b>		23. PREPARED BY Signature _____ Name in Print <b>Annielyn S. Alcantara</b> Title or Position <b>Medical Records Staff</b> Date <b>February 04 2017</b>			
24. RECEIVED BY Signature _____ Name in Print <b>MARITES B. BA-OC</b> Title or Position <b>ADMIN. ASST. I</b> Date <b>FEB 09 2017</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>MYLENE S. GONZALES</b> Title or Position <b>CITY CIVIL REGISTRAR</b> Date <b>FEB 09 2017</b>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					





Republic of the Philippines  
CITY OF SANTA ROSA  
Province of Laguna  
OFFICE OF THE CITY CIVIL REGISTRAR

0005360



ISO 9001:2008-CERTIFIED  
(QUALITY MANAGEMENT SYSTEM)

CSRL-CCRO-VCTC-F01(REV:01)

CERTIFIED MACHINE COPY:

Issued to: J. RATONEL

O. R. No. 3074902

Date Issued: FEB 20 2017

MYLENE S. GONZALES

CITY CIVIL REGISTRAR

Municipal Form No. 102 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH			
Province <u>LAGUNA</u>		Registry No. <u>2017-045</u>	
City/Municipality <u>CITY OF SANTA ROSA</u>			
CHILD	1. NAME (First) <u>ZACH EZEKIEL</u> (Middle) <u>RAMIREZ</u> (Last) <u>RATONEL</u>		
	2. SEX (Male / Female) <u>Male</u>	3. DATE OF BIRTH (Day) <u>03</u> (Month) <u>February</u> (Year) <u>2017</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>Santa Rosa Hospital and Medical Center Balibago</u> (City/Municipality) <u>City of Santa Rosa</u> (Province) <u>Laguna</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>Single</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>Not Applicable</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>Second</u>
MOTHER	6. WEIGHT AT BIRTH <u>3490</u> grams		
	7. MAIDEN NAME (First) <u>MANILYN</u> (Middle) <u>BONSOL</u> (Last) <u>RAMIREZ</u>		
	8. CITIZENSHIP <u>Filipino</u>		9. RELIGION/RELIGIOUS SECT <u>Aglipay</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>
FATHER	11. OCCUPATION <u>Sales Staff</u>		12. AGE at the time of this birth (completed years) <u>24</u>
	13. RESIDENCE (House No., St., Barangay) <u>B2 L34 P8 Geneva St. Garden Villas 3</u> (City/Municipality) <u>City of Santa Rosa</u> (Province) <u>Laguna</u> (Country) <u>Philippines</u>		
	14. NAME (First) <u>JOHN ALBERT</u> (Middle) <u>VOLANTE</u> (Last) <u>RATONEL</u>		
	15. CITIZENSHIP <u>Filipino</u>	16. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>	17. OCCUPATION <u>Quality Assurance Technician</u>
18. AGE at the time of this birth (completed years) <u>25</u>			
19. RESIDENCE (House No., St., Barangay) <u>B2 L34 P8 Geneva St. Garden Villas 3</u> (City/Municipality) <u>City of Santa Rosa</u> (Province) <u>Laguna</u> (Country) <u>Philippines</u>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <u>September 03 2016</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>Paete Laguna 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>1:33 AM</u> am/pm on the date of birth specified above, c/o SRHMC - Balibago			
Signature <u>Ma. Victoria R. Barqueros, M.D.</u>		Address <u>City of Santa Rosa Laguna</u>	
Name in Print <u>OB-Gyn</u>		Date <u>February 04 2017</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>Manilyn R. Ratonel</u>		Signature <u>Annielyn S. Alcantara</u>	
Name in Print <u>Manilyn R. Ratonel</u>		Name in Print <u>Annielyn S. Alcantara</u>	
Relationship to the Child <u>Mother</u>		Title or Position <u>Medical Records Staff</u>	
Address <u>Malusak, City of Santa Rosa, Laguna</u>		Date <u>February 04 2017</u>	
Date <u>February 04 2017</u>			
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR	
Signature <u>MARITES B. BA-OC</u>		Signature <u>MYLENE S. GONZALES</u>	
Name in Print <u>ADMIN. ASST. I</u>		Name in Print <u>CITY CIVIL REGISTRAR</u>	
Title or Position <u>ADMIN. ASST. I</u>		Title or Position <u>FEB 09 2017</u>	
Date <u>FEB 09 2017</u>		Date <u>FEB 09 2017</u>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			