

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province		Registry No.	
City/Municipality		MANILA	
CHILD	1. NAME (First) (Middle) (Last) JEVON MATI DELA CRUZ MORALES		
	2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year) 2 March 2023		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) PERPETUAL SUCCOR HOSPITAL & MATERNITY INC. - 836 F. CAYCO ST., SAMPALOC, MANILA		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) Second 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) Second 6. WEIGHT AT BIRTH 3116 grams		
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) PRINCESS ESCONDE DELA CRUZ		
	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 BUSINESS ANALYST 12. AGE at the time of this birth (completed years) 27		
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) #44 SANTOL ST., BLK 37 18-A PANATAG RD., ADDITION HILLS, MANDALUYONG CITY, PHILIPPINES		
FATHER	14. NAME (First) (Middle) (Last) JESTHONY BERNAL MORALES		
	15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION WEB DEVELOPER 18. AGE at the time of this birth (completed years) 33		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) #44 SANTOL ST., BLK 37 18-A PANATAG RD., ADDITION HILLS, MANDALUYONG CITY, PHILIPPINES		
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)		
20a. DATE (Month) (Day) (Year) FEBRUARY 18 2022		20b. PLACE (City / Municipality) (Province) (Country) MANDALUYONG CITY, 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 6:08 PM am/pm on the date of birth specified above.			
Signature _____ Name in Print DUANNE S. SO, MD Title or Position PHYSICIAN		Address C/O PERPETUAL SUCCOR HOSPITAL-MANILA Date 03 March, 2023	
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 JESTHONY B. MORALES Relationship to the Child FATHER Address SAME AS ABOVE Date 03 March, 2023		23. PREPARED BY Signature _____ Name in Print JHIAN CARLO N. PIL Title or Position MEDICAL RECORDS CLERK Date 03 March, 2023	
24. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ 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 19			

