

CERTIFICATE OF LIVE BIRTH

Province **BOHOL** Registry No. **2019-826**
City/Municipality **UBAY**

1. NAME (First) (Middle) (Last)
LISANNA BERUAN ANIRE
2. SEX (Male/Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)
17 MARCH, 2019
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
DON EMILIO DEL VALLE MEMORIAL HOSPITAL- BOOD, UBAY, BOHOL
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2870** grams

7. MAIDEN NAME (First) (Middle) (Last)
LIE RUBY UGAY BERUAN
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 **HOUSEPARENT** 12. AGE at the time of this birth (completed years) **22**
13. RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country)
PUROK-3, NAPO, ALICIA, BOHOL, PHILIPPINES

14. NAME (First) (Middle) (Last)
JOVANNEMAR PALADA ANIRE
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **TERTIARY EDUCATION TEACHER IN AGRICULTURAL SCIENCE** 18. AGE at the time of this birth (completed years) **23**
19. RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country)
PUROK-2, TABUNAN, BORONGAN CITY, EASTERN SAMAR, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City/Municipality) (Province) (Country) **NOT APPLICABLE**

21a. ATTENDANT
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Hilot (Traditional Birth Attendant) ☐ 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 **5:20 PM** on the date of birth specified above.

Signature **MA. TERESITA C. ONATE, MD** Address **DON EMILIO DEL VALLE MEMORIAL HOSPITAL**
Name in Print **MA. TERESITA C. ONATE, MD** **BOOD, UBAY, BOHOL**
Title or Position **ATTENDING PHYSICIAN** Date **MARCH 20, 2019**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **LIE RUBY UGAY BERUAN**
Name in Print **LIE RUBY UGAY BERUAN**
Relationship to the Child **MOTHER**
Address **PUROK-3, NAPO, ALICIA, BOHOL**
Date **MARCH 20, 2019**

23. PREPARED BY
Signature **JUVELYN O. CUARTEROS**
Name in Print **JUVELYN O. CUARTEROS**
Title or Position **CONTRACTUAL CLERK (DEVMH)**
Date **MARCH 20, 2019**

24. RECEIVED BY
Signature **JOSEFINA G. TORREVILLAS**
Name in Print **JOSEFINA G. TORREVILLAS**
Title or Position **Administrative Aide VI**
Date **March 21, 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature **CHARLIE G. BALANI**
Name in Print **CHARLIE G. BALANI**
Title or Position **Municipal Civil Registrar**
Date **March 21, 2019**

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
01 08 51 2 60 80 1 2 0 2 01 08 231 60 80 260 7

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child.

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by
JOVANNEMAR PALADA ANIRE _____ and _____, who exhibited to me (his/her)
CTC/valid ID 489-187-209-000 _____ issued on _____ at
Alicia, Bohol _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

_____ after having been duly sworn in accordance with law, do hereby depose and say:

- ☐ my birth in _____ on _____

☐ the birth of _____ who was born in _____

on

2. That I/he/she was attended at birth by _____ who resides at _____

3. That I am/he/she is a citizen of _____

4. That my/his/her parents were ☐ married on _____ at _____

- ☐ not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is _____

5. That the reason for the delay in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this ____ day of _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this 1 day of _____ at _____

_____ , Philippines, a who exhibited to me his/her CTC/valid ID
issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address