

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province _____ Registry No. _____
City/Municipality _____

CHILD
1. NAME (First) (Middle) (Last)
ARPE MATT HENSON NERVES TEJARA
2. SEX (Male / Female) Male
3. DATE OF BIRTH (Day) (Month) (Year)
24 August 2024
4. PLACE OF BIRTH (Name of Hospital/Church/Institution; House No., St., Barangay) (City/Municipality) (Province)
Abgao Maasin Satheron Leyte
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) First
5c. BIRTH ORDER (Order of this birth in previous live births excluding fetal death; (First, Second, Third, etc.) First
6. WEIGHT AT BIRTH grams
2800

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
RIO VINCULO NERVES
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 Housewife
12. AGE at the time of this birth (Completed years) 33
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Liberty Hilongos Leyte Philippines

FATHER
14. NAME (First) (Middle) (Last)
Nelson Hernando Tejara
15. CITIZENSHIP Filipino
16. RELIGION/RELIGIOUS SECT Roman Catholic
17. OCCUPATION Instructor
18. AGE at the time of this birth (Completed years) 33
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Liberty Hilongos Leyte Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) July 18, 2020
20b. PLACE (City/Municipality) (Province) (Country)
Hilongos Leyte Philippines

21a. ATTENDANT
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Heol (Traditional Birth Attendant) ☐ 5 Others (Specify) _____
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Heol, etc.)
I hereby certify that I attended the birth of the child who was born alive at _____ on the date of birth specified above.

Signature _____ Address _____
Name in Print DR. RITA TAN OCDA
Title or Position _____ Date _____

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 NELSON H. TEJARA
Relationship to the Child Father
Address Purok Camito Liberty Hilongos, Leyte
Date August 26, 2024
23. PREPARED BY
Signature _____
Name in Print _____
Title or Position _____
Date _____

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)
0926-24-9812

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **130501497011**
Member Category : FORMAL ECONOMY NHTS Coverage :
Sub-Category : GOVERNMENT Effectivity Period :

TEJARA, NELSON HERNANDO

LIBERTY, HILONGOS, LEYTE 6524

Foreign Address : N/A Sex : Male
Date of Birth : 05/06/1991
Place of Birth : BAÑSALAN, DAVAO DEL SUR
Contact No. (Foreign) : N/A Civil Status : MARRIED
(Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 140837000001
Name of Employer/Organized Group : VISAYAS STATE UNIVERSITY - VISCA
Business Address : VISCA, PANGASUNGAN, BAYBAY, LEYTE
Telephone Number : 09275823745
Tax Identification Number : 001394498

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
130254496600	TEJARA	RIO	NERVES	Female	Wife	02/07/1991
132538563580	TEJARA	ARPE MATTHENSON	NERVES	Male	Son	08/24/2024

*** NOTHING FOLLOWS ***

RONALD S. JABAY
REGIONAL VICE PRESIDENT
PRO - VIII Tacloban City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.
This is a system generated report. Signature is not required.