

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2014 17679**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) **JUNE ACHECO** (Middle) **GALUPO** (Last) **ESTILLORE**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **1** (Month) **JUNE** (Year) **2014**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N.A.** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **SECOND** 6. WEIGHT AT BIRTH **3,200 grams**

MOTHER
7. MAIDEN NAME (First) **CHELYN** (Middle) **CERO** (Last) **GALUPO**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **TEACHER** 12. AGE at the time of this birth (completed years) **30**
13. RESIDENCE (House No., St., Barangay) **55 KAWIT ST., CEBU CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

FATHER
14. NAME (First) **JUNE** (Middle) **ABELLANA** (Last) **ESTILLORE**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **POSTMAN** 18. AGE at the time of this birth (completed years) **40**
19. RESIDENCE (House No., St., Barangay) **55 KAWIT ST., CEBU CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

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

20a. DATE (Month) **JANUARY** (Day) **19** (Year) **2007** 20b. PLACE (City / Municipality) **CEBU CITY, CEBU PHILS.** (Province) **CEBU** (Country)

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.)

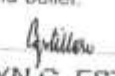
I hereby certify that I attended the birth of the child who was born alive at **4:45 PM** am/pm on the date of birth specified above.

Signature 
Name in Print **MA. EVA ASSUMPTA LIM, M.D.**
Title or Position **PHYSICIAN**

Address **CEBU PUER. CNTR. & MATERNITY HOUSE, INC., CEBU CITY**
Date **1 JUNE 2014**

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 **CHELYN G. ESTILLORE**
Relationship to the Child **MOTHER**

Address **55 KAWIT ST., CEBU CITY CEBU**

Date **1 JUNE 2014**

24. RECEIVED BY

Signature 
Name in Print **LUZ R. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**

Date **JUN 10 2014**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

23. PREPARED BY **1 JUNE 2014**
Signature 
Name in Print **JUNE JIE S. DIONIO**
Title or Position **CLERK**
Date **1 JUNE 2014**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature 
Name in Print **PHILIPP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **JUN 10 2014**

CERTIFIED TRUE MACHINE COPY
FROM THE ORIGINAL ON FILE

PHILIPP A. MEGABON
REGISTRATION OFFICER IV