

CERTIFICATE OF LIVE BIRTH

Registry No.

Province CEBU
City/Municipality CEBU CITY

CHILD

1. NAME (First) (Middle) (Last)
BRIELLE CAROLINE TRANGIA BACTOL

2. SEX (Male / Female) FEMALE

3. DATE OF BIRTH (Day) (Month) (Year)
26 January 2025

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE

5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)

5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND

6. WEIGHT AT BIRTH 3135 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
RACEL ALONTAGA TRANGIA

8. CITIZENSHIP FILIPINO

9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

10a. Total number of children born alive TWO

10b. No. of children still living including this birth TWO

10c. No. of children born alive but are now dead NONE

11. OCCUPATION PHARMACIST

12. AGE at the time of this birth (completed years) 31

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
PUROK BOLINAO, SITIO KSKC, BRGY. TUNGKOP, MINGLANILLA, CEBU, PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
BEN COLLIN ZAFRA BACTOL

15. CITIZENSHIP FILIPINO

16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

17. OCCUPATION PHARMACIST

18. AGE at the time of this birth (completed years) 31

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
PUROK BOLINAO, SITIO KSKC, BRGY. TUNGKOP, MINGLANILLA, CEBU, PHILIPPINES

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

20a. DATE (Month) (Day) (Year) October 06 2018

20b. PLACE (City / Municipality) (Province) (Country)
CEBU CITY, CEBU, PHILIPPINES

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 01:00 AM am/pm on the date of birth specified above.

Signature _____ Address C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU

Name in Print CALUMPANG, CHARISSE IVY, M.D.

Title or Position ATTENDING PHYSICIAN Date January 27, 2025

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 BEN COLLIN Z. BACTOL

Relationship to the Child FATHER

Address PUROK BOLINAO, SITIO KSKC, BRGY. TUNGKOP, MINGLANILLA, CEBU

Date January 27, 2025

23. PREPARED BY
 Signature _____

Name in Print FRENAN PAUL B. TUBALADO

Title or Position MEDICAL RECORDS CLERK

Date January 27, 2025

24. RECEIVED BY
 Signature _____

Name in Print _____

Title or Position _____

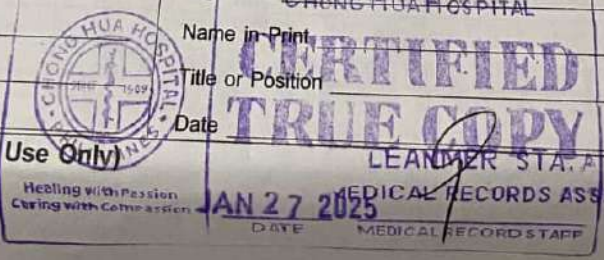
Date _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature CHONG HUA HOSPITAL

Name in Print _____

Title or Position _____

Date _____



REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)