

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

Province ILOILO Registry No. _____
City/Municipality ILOILO CITY

CHILD
1. NAME (First) (Middle) (Last)
GRAYSON CEDRIC DALAYAWON FARIA
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)
23 SEPTEMBER 2024
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
HEALTHWAY QUALIMED HOSPITAL ILOILO, BRGY. SAN RAFAEL, MANDURRAG, ILOILO CITY ILOILO
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.) FIRST 6. WEIGHT AT BIRTH 3390 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
PRECIOUS ANN MOLINA DALAYAWON
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)
LAPAYON LEGANES ILOILO PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
RICARDO JR. NGALONGALO FARIA
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION ACCOUNTANT 18. AGE at the time of this birth (completed years) 30
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
LAPAYON LEGANES ILOILO PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) DECEMBER 12, 2022 20b. PLACE (City / Municipality) (Province) (Country)
ILOILO CITY ILOILO 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 8:47PM on the date of birth specified above.

Signature _____ Address c/o: HEALTHWAY QUALIMED HOSPITAL ILOILO ILOILO CITY
Name in Print FLORELIE C. GAMARCHA, MD. Date SEPTEMBER 24, 2024
Title or Position ATTENDING PHYSICIAN

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 RICARDO N. FARIA JR.
Relationship to the Child FATHER
Address LAPAYON, LEGANES, ILOILO
Date SEPTEMBER 24, 2024

23. PREPARED BY
Signature _____
Name in Print MICHELLE D. TUGALON-LAMPREA
Title or Position CLERK - MEDICAL RECORDS
Date SEPTEMBER 24, 2024

24. RECEIVED BY
Signature _____
Name in Print _____
Title or Position _____
Date _____

REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only)

 **Healthway**
QUALIMED HOSPITAL ILOILO
CERTIFIED TRUE COPY
FOR PHILHEALTH USE ONLY
MARY THERESA ESTER L. DE ROSA, MD
Medical Records Manager
MEDICAL RECORDS DEPARTMENT
24 SEP 2024