

be accomplished in triplicate

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)



PROVINCE Leyte
 CITY/MUNICIPALITY Baybay

LOCAL CIVIL REGISTRY NO. 89-1498

1. NAME (First) <u>JULIUS</u> (Middle) <u>BAGARINAO</u> (Last) <u>CERNA</u>		
2. SEX (Place 'X' on appropriate answer) 1 Male <input checked="" type="checkbox"/> 2 Female <input type="checkbox"/>	3. DATE OF BIRTH (Day) <u>10</u> (Month) <u>JUNE</u> (Year) <u>1989</u>	
4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) <u>Baybay, Leyte</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Three or more <input type="checkbox"/>		
b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input checked="" type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third, 4th, etc. <input type="checkbox"/>		
6. MAIDEN (First) NAME <u>Liza Gloria</u> (Middle) <u>Bagarinao</u> (Last) <u>Cerna</u>	7. NATIONALITY <u>Filipino</u>	8. RELIGION <u>Rom. Cath.</u>
9. NAME (First) <u>Alfonso</u> (Middle) <u>Vega</u> (Last) <u>Cerna</u>	10. NATIONALITY <u>Filipino</u>	11. RELIGION <u>Rom. Cath.</u>

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill affidavit of Acknowledgement at the back)

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 7:00 A.M. on the date stated above.

Signature Eugenia Vega Address Bgy. Marcos, Baybay, Leyte
 Name in print EUGENIA VEGA
 Title or position Midwife Date 6-10-89

14. INFORMANT

Signature Eugenia Vega Address Bgy. Marcos, Baybay, Leyte
 Name in print EUGENIA VEGA
 Relationship to child Midwife Date 6-10-89

15a. PREPARED BY

Signature Carlos V. Quiro, Jr.
 Name in print CARLOS V. QUIRO, JR.
 Title or position Clerk
 Date 6-10-89

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature Noel V. Manangan
 Name in print NOEL V. MANANGAN
 Title or position L.C.R.
 Date 6-10-89

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

d. DATE WHEN INFORMATION WAS SUPPLIED

4320

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE LeyteCITY/MUNICIPALITY BaybayLocal Civil Registry No. 89101498

Registration Status

15

CHILD	17. Weight at Birth (In grams) <u>3119</u>	18. Birth Order of Child Ex. first, second, etc. <u>2nd</u>
	19a. Total number of Children Born Alive <u>2</u>	b. How many children are now living including this birth? <u>2</u>
	20. Usual Occupation <u>Housekeeper</u>	c. How many children were born alive but are now dead. <u>0</u>
	21. Age at the time of this Birth <u>24 yrs.</u>	22. Usual Residence (Barangay) <u>Baybay</u> (City/Municipality) <u>Baybay</u> (Province) <u>Leyte</u>
	23. Usual Occupation <u>Housekeeper</u>	24. Age at the time of this Birth <u>21 yrs.</u>
MOTHER	25. Attendant at Birth (Place 'X' on appropriate answer) 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer <input type="checkbox"/> 5 Others <input type="checkbox"/>	
	26. Sex <u>Female</u> Date of Birth <u>3-00-59</u> Place of Birth <u>Baybay</u> Mother's Nationality <u>Filipino</u> Father's Nationality <u>Filipino</u>	
FATHER	27. Sex <u>Male</u> Date of Birth <u>3-00-59</u> Place of Birth <u>Baybay</u> Mother's Nationality <u>Filipino</u> Father's Nationality <u>Filipino</u>	
	28. Sex <u>Male</u> Date of Birth <u>3-00-59</u> Place of Birth <u>Baybay</u> Mother's Nationality <u>Filipino</u> Father's Nationality <u>Filipino</u>	
NAME OF CHILD		
First <u>JULIUS</u>	Last <u>CERNA</u>	

04171-CE-402RHH-00379-BI001

BEST POSSIBLE IMAGE



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BReN
 03708-A89LA02-5

Documentary
 Stamp Tax Paid

Carmelita N. ERICTA
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office

