



CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Leyte

(a) Civil Registrar-General No. _____

City or Municipality: Ormoc City(b) Local Civil Registrar No. 956

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>Leyte</u>		a. PROVINCE <u>Leyte</u>	
b. CITY OR MUNICIPALITY <u>Ormoc City</u>		b. CITY OR MUNICIPALITY <u>Ormoc City</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Ormoc Maternity House</u>		c. NUMBER AND STREET <u>Can-adiang</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?		d. IS RESIDENCE INSIDE CITY LIMITS?	e. IS RESIDENCE ON A FARM?
Yes ☒ No ☐		Yes ☒ No ☐	Yes ☐ No ☒
3. NAME (Type or print)		4. DATE OF BIRTH	
First <u>MERIAN</u>	Middle <u>GRASMO</u>	Last <u>MARTINEZ</u>	Month <u>July</u> Day <u>16</u> Year <u>1972</u>
4. SEX <u>F</u>	5a. THIS BIRTH <u>SINGLE</u>	5b. IF TWIN OR TRIPLET, WAS CHILD 1ST ☐ 2ND ☐ 3RD ☐	
7. NAME		RELIGION <u>R.C.</u>	8. NATIONALITY <u>Phil.</u>
First <u>Tendora</u>	Middle <u>Modale</u>	Last <u>Martinez</u>	2a. RACE <u>PRONE</u>
9. AGE (At time of this birth) <u>22</u> Years	10. BIRTHPLACE <u>Bo. Bunga Baybay, Leyte</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>
12. MAIDEN NAME		RELIGION <u>R.C.</u>	13. NATIONALITY <u>Phil.</u>
First <u>Glenn</u>	Middle <u>Mendola</u>	Last <u>Grasmo</u>	13a. RACE <u>PRONE</u>
14. AGE (At time of this birth) <u>19</u> Years	15. BIRTHPLACE <u>Bo. Ciyob Canayan Masbate</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>0</u>	
17a. INFORMANT'S SIGNATURE: <u>Mrs. Gloria E. Martinez</u>		a. How many children are now living? <u>1</u>	b. How many other children were born alive but are now dead? <u>0</u>
b. NAME IN PRINT: <u>GLORIA E. MARTINEZ</u>		c. How many fetal deaths (fetuses born dead any time after conception)? <u>0</u>	
c. ADDRESS: <u>Can-adiang</u>			
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) <u>Can-adiang Ormoc City</u>			
19. ATTENDANT AT BIRTH			
I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>7:20</u> o'clock <u>A</u> . M. on the date above indicated.		d. DATE SIGNED BY ATTENDANT AT BIRTH: _____	
a. SIGNATURE: <u>TERESITA FERNANDEZ</u>		e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☒ MIDWIFE ☐ NURSE ☐ OTHERS (Specify) _____	
b. NAME IN PRINT: <u>TERESITA FERNANDEZ</u>			
c. ADDRESS: <u>Ormoc Maternity House</u>			
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: _____	
a. SIGNATURE: _____		b. DATE WHEN GIVEN NAME WAS SUPPLIED: _____	
b. NAME IN PRINT: _____			
c. TITLE OR POSITION: _____			
d. DATE: _____			
22a. LENGTH OF PREGNANCY <u>40</u> COMPLETED WEEKS.	22b. WEIGHT AT BIRTH <u>5</u> LBS. <u>20</u> OZ.	23. LEGITIMATE ☒ YES ☐ NO	0820
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		25. THIS CERTIFICATE IS PREPARED BY:	
Month <u>August</u> Day <u>2</u> Year <u>1971</u>		SIGNATURE: <u>L. S. S. S. S.</u>	
(Month) (Day) (Year)		NAME IN PRINT: <u>GLORIA E. MARTINEZ</u>	
City or Municipality <u>Ormoc City</u> Province <u>Leyte</u>		TITLE OR POSITION: <u>R.A.</u>	
		DATE: <u>July 16, 1972</u>	

19-319

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE



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Documentary

Carmelita N. ERICTA

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Administrator and Civil Registrar General

National Statistical Office