NATIONAL STATISTICS OFFICE NSO

CERTIFICATION OF LIVE BIRTH

(Fill out completely, accurately and legibly with ink or typewrite.)

City/Municipality: **Maasin** Local Civil Registrar No. _____

1. NAME: (FIRST) **Krizia** (MIDDLE) **Coquilla** (LAST) **Gaviola**

2. SEX (Please "X" on appropriate answer) Male _____ Female **X**

3. DATE OF BIRTH (Day) **5** (Month) **9** (Year) **1990**

4. Place of Birth (Name of Hospital/Instn.; If not hospital, give street/barangay) **IPHO, Maasin**

5. TYPE OF BIRTH (Please "X" on appropriate answer) **X** 1 Single ____ 2 Twin ____ 3 Three or more

6. IF MULTIPLE BIRTH, CHILD WAS ____ 1 first ____ 2 sec. **3rd** third

MOTHER

6. MAIDEN NAME (First) **Carmelita** (Middle) **Orquilla** (Last) **Coquilla**

7. NATIONALITY **Fil.**

8. RELIGION **R.C.**

FATHER

9. NAME (First) **Manuel** (Middle) **Orit** (Last) **Gaviola**

10. NATIONALITY **Fil.**

11. RELIGION **R.C.**

12. DATE and PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, Fill affidavit at the back.) **Feb. 6, 1988 St. Bernard, SLeyte**

13. CERTIFICATE OF ATTENDANT AT BIRTH:
I hereby certify that I attended the birth of the child who was born alive at **2:30pm** o'clock a.m./p.m. on the date stated above.
Signature: _____ Address: **Maasin**
Name in Print: **LORNA B. KAPILI**
Title of Position: **Physician** Date: **9/5/90**

14. INFORMANT: Signature: _____ Address: **Tagnipa, Maasin**
Name in Print: **MANUEL GAVIOLA**
Relationship to Child: **Father** Date: **9/5/90**

15. PREPARED BY:
Signature: _____
Name in Print: **ALTAGRACIA [illegible]**
Title of Position: **Midwife**
Date: **9/5/90**

RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR:
Signature: _____
Name in Print: **LUZVIMINDA TELEN ABIERA**
Position: **REGISTRATION OFFICER II**

16. INFORMATION GIVEN IN GOVERNMENT'S R[illegible] 8320
(Informant:) 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

Local Civil Registry No. 90 (148) Registration Status

PROVINCE: **SLeyte** CITY/MUNICIPALITY: **Maasin**

CHILD

17. WEIGHT AT BIRTH: (in grams) **2.8 kg.** ~~2817~~ 2800

18. BIRTH ORDER OF CHILD Ex. First, Second, etc. **2nd** 02

MOTHER

19. a. Total Number of children born alive **2** 02

b. How many children are living including this birth? **2** 02

c. How many children were alive but are now dead? **0** 00

20. USUAL OCCUPATION **Gov't. emp.** X20

21. Age at the time of this birth **34** 34

FATHER

22. USUAL RESIDENCE (Barangay) **Tagnipa** (City/Municipality) **Maasin** 6461 (Province) **Sleyte**

23. USUAL OCCUPATION **Seaman** 989

24. Age at the time of this birth **37** 37

2 03-09-90 tet071

KRIZIA C. GAVIOLA