



REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL IN COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITTEN)

Province: ayta
City or Municipality: Jaybay

Register Number:
a. Civil Registrar-General No. 1677
b. Local Civil Registrar No. (h 88)

1. PLACE OF BIRTH a. PROVINCE <u>Luzon</u> b. CITY OR MUNICIPALITY <u>Jaybay</u> c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, give street address) <u>Vi. C. Infirmary</u>	2. USUAL RESIDENCE OF MOTHER (when does mother live?) a. PROVINCE <u>Luzon</u> b. CITY OR MUNICIPALITY <u>Jaybay</u> c. NUMBER AND STREET <u>1234</u>
3. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☐ NO ☒	

3. NAME (type or print) First <u>JOHN</u> Middle <u>DAVID</u> Last <u>SMITH</u>			
4. SEX Male ☒ Female ☐	5a. TIME BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐	5b. IF TWIN OR TRIPLET, WAS CHILD 1st ☐ 2nd ☐ 3rd ☐	6. DATE OF BIRTH Month <u>July</u> Day <u>8</u> Year <u>1983</u>

7. NAME First <u>JOHN</u> Middle <u>DAVID</u> Last <u>SMITH</u>	8. RELIGION <u>C.</u>	9. NATIONALITY <u>Philippine</u>	10. RACE <u>Brown</u>
11. AGE (at time of this birth) <u>30 YEARS</u>	12. Birthplace <u>Tacurong, Sultan Kudarat</u>		

13. Maiden Name First <u>JOHN</u> Middle <u>DAVID</u> Last <u>SMITH</u>	14. RELIGION <u>C.</u>	15. NATIONALITY <u>Philippine</u>	16. RACE <u>Brown</u>
17. AGE (at time of this birth) <u>30 YEARS</u>	18. Birthplace <u>Marikina, South Cotabato</u>		

19. INFORMANT'S SIGNATURE: a. NAME IN PRINT: <u>JOHN DAVID SMITH</u> b. ADDRESS: <u>1234, Jaybay, Luzon</u>	20. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 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> c. How many total deaths (stillborn, stillborn, or stillborn)? <u>0</u>
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21. MOTHER'S NAME (Number, Street, City or Municipality, Province) <u>1234, Jaybay, Luzon</u>	22. DATE SIGNED BY ATTENDANT AT BIRTH: <u>21</u>
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23. I HEREBY CERTIFY that I attended the birth of this child who was born at <u>5:00</u> o'clock <u>A.M.</u> on the date above indicated. a. SIGNATURE: <u>[Signature]</u> b. NAME IN PRINT: <u>JOHN DAVID SMITH</u> c. ADDRESS: <u>1234, Jaybay, Luzon</u>	24. TITLE OF ATTENDANT AT BIRTH: ☒ M.D. ☐ Midwife ☐ Nurse ☐ OTHERS (SPECIFY) _____
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25. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: a. DATE WHEN GIVEN NAME WAS SUPPLIED: _____	26. SIGNATURE: NAME IN PRINT: <u>JOHN DAVID SMITH</u> TITLE OR POSITION: <u>8-2-83</u>
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27. LENGTH OF PREGNANCY: <u>40</u> CONSIDERED WEEKS	28. WEIGHT AT BIRTH: <u>7</u> Lbs. <u>0</u> Oz.
29. DATE AND PLACE OF MARRIAGE OF PARENTS (for legitimate birth) May 29 1976 (Month) (Date) (Year)	30. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: <u>[Signature]</u> NAME IN PRINT: <u>JOHN DAVID SMITH</u> TITLE OR POSITION: <u>8-2-83</u>

31. CITY OR MUNICIPALITY <u>Marikina</u>	32. PROVINCE <u>South Cotabato</u>
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SPACE FOR MEDICAL AND HEALTH NOTES FOR SPECIAL PURPOSES