

REPUBLIC OF THE PHILIPPINES

TO BE ACCOMPANIED BY NOTARIAL

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:

Municipality or City

Province: Legis

(a) Civil Registrar-General No.

City or Municipality: Baybay(b) Local Civil Registrar No. 1237

1. Place of Birth

2. Date of Birth or Month (When does mother live?)

a. Province: Legisc. Province: Legisb. City or Municipality: Baybayd. City or Municipality: Legis

3. Place of Hospital or Institution (If not in hospital, give street)

4. Name and Address

5. Name of Hospital or Institution: Palermo's Clinic6. Name and Address: Palermo's Clinic7. Name of Birth-Record City: Legis

8. Is Residence on a Farm?

Yes ☐ No ☐Yes ☐ No ☐

9. Name (Type of birth)

10. Sex

11. Age

12. Date of Birth

13. Name

14. Sex

15. Name

16. Sex

17. Name

18. Sex

19. Name

20. Sex

21. Name

22. Sex

23. Name

24. Sex

25. Name

26. Sex

27. Name

28. Sex

29. Name

30. Sex

31. Name

32. Sex

33. Name

34. Sex

35. Name

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37. Name

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39. Name

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116. Sex

117. Name

118. Sex

119. Name

120. Sex

121. Name

122. Sex

123. Name

124. Sex

125. Name

126. Sex

127. Name

128. Sex

129. Name

130. Sex

131. Name

132. Sex

133. Name

134. Sex

135. Name

136. Sex

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1. (a) 60

1. (b) 28

1. (c) 7

2. 1918

2. (a) 2

5. (a) 5

5. (b) 24

6. 74

8. 1

9. 55

11. (a) 303

11. (b) 303

13. 1

14. 1

16. (a) 34

16. (b) 4

16. (c) 4

19. (a) 1

22. (a) 1

22. (b) 1

23. 1

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BReN

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