



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Bohol LOCAL CIVIL REGISTRY NO. 1042(I-90)
CITY / MUNICIPALITY Ubay

1. NAME (First) (Middle) (Last)
GLADYS GASPAY DOYDONA
2. SEX (Place 'X' on appropriate answer) DATE OF BIRTH (Day) (Month) (Year)
1 Male X 2 Female 27 August 1990
4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
Lomangog Ubay Bohol

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH CHILD WAS
X 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.
6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
Marcelina B. Gaspay Fil. RC
9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Marianito M. Doydora Fil. RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
Date Jan. 8, 1988 Place Ubay, Bohol

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 8:00 am clock on the date stated above.

Signature _____ Address _____
Name in print Victoria Gafe Lomangog, Ubay, Bohol
Title or position Midwife Date 9/3/90

14. INFORMANT
Signature _____ Address _____
Name in print MARCELINE DOYDORA Lomangog, Ubay, Bohol
Relationship to child Mother Date 9/3/90

15a. PREPARED BY 15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____ Signature _____
Name in print MYRNA A. GABISAN ZENEN B. PAREDES
Title or position Civil Registry Clerk Civil Registry Officer 1
Date 9/3/90 Date 9/3/90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 16b. DATE WHEN INFORMATION WAS SUPPLIED
3000

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled)

04577-9D-400KCM-00326-BI009

BEST POSSIBLE IMAGE



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BReN
01246-A90RT03-1

Documentary
Stamp Tax Paid

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

