



Republic of the Philippines
OFFICE OF THE CITY CIVIL REGISTRAR
City of San Pablo

TO WHOM IT MAY CONCERN:

WE CERTIFY THAT, among others, the following facts of birth appear in our Register of Births
on Page _____ of Book Number _____

LCR Registry Number :

Date of Registration :

Name of Child :

Sex :

Date of Birth :

Place of Birth :

Name of Mother :

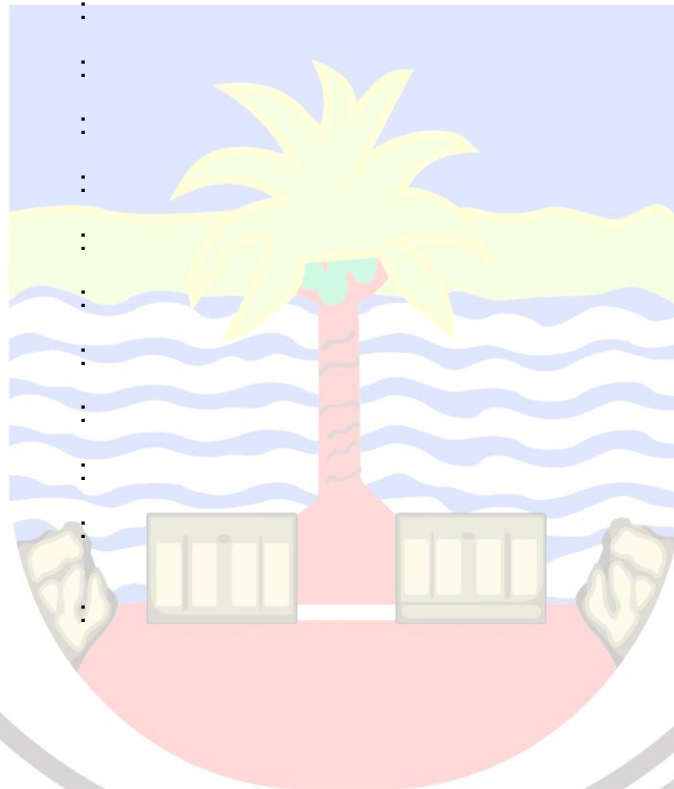
Nationality of Mother :

Name of Father :

Nationality of Father :

**Date of Marriage of
Parents** :

**Place of Marriage of
Parents** :



Doc. Stamps
Affixed on
Original

City Civil Registrar

PROCESSED AND VERIFIED BY:

FOR THE CITY CIVIL REGISTRAR

Amount Paid :

O.R. Number :

Date Paid :