



Standard Form No. 10
(Revised 1987)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(To be completed completely, accurately and legibly in ink or typewritten)

PROVINCE _____ LOCAL CIVIL REGISTRY, NO. 86-14489

CITY/MUNICIPALITY Manila

1. NAME (First) _____ (Middle) _____ (Last) _____

2. SEX (Place 'X' on appropriate answer)
☐ 1 Male ☒ 2 Female

3. DATE OF BIRTH (Day) _____ (Month) _____ (Year) 12 March 1986

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/neighborhood) _____ (City/Municipality) _____ (Province) _____

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN NAME (First) _____ (Middle) _____ (Last) _____

7. NATIONALITY Phil 8. RELIGION Cath

9. NAME (First) _____ (Middle) _____ (Last) _____

10. NATIONALITY Phil 11. RELIGION Cath

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Complete if not applicable, for Affidavit of Acknowledgment at the back)
Oct. 3, 1971 Cavite

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 2:35 o'clock am/p.m. on the date stated above.

Signature DR. J. J. J. J. Address DR. J. J. J. J.

Name in print _____ Title or position Physician Date March 12, 1986

14. INFORMANT
 Signature Leticia J. J. J. Address Patrol Unit Cavite

Name in print LETICIA J. J. J. Date March 12, 1986

Relationship to child mother

15a. PREPARED BY
 Signature _____ Name in print MR. J. J. J.

Title or position clerk Date March 10, 1986

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature _____ Name in print _____

Title or position _____ Date March 2, 1986

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

(Important: Informant should also provide information for Items 17 to 25. The case shall not be filed out at the Office of the Local Civil Registrar.)

PROVINCE _____ LOCAL CIVIL REGISTRY, NO. 86-14489

CITY/MUNICIPALITY Manila

17. Weight at Birth (in grams) 3130

18. Birth Order of Child (1st, second, etc.) 02

19a. Total Number of Children Born Alive 06 19b. How many children are now living including this birth? 02 19c. How many children were born alive but are now dead? 04

20. Usual Occupation Housekeeper 21. Age at the time of this birth 35

22. Usual Residence (Neighborhood) Patrol Unit Cavite (City/Municipality) _____ (Province) 21/V/13

23. Usual Occupation None 24. Age at the time of this birth 47

25. Attendant at Birth (Place 'X' on appropriate answer)
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer ☐ 5 Others

Sex _____ Date of Birth 2/12/1938 Place of Birth 791053 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD
 First MARIBETH Last HEWIVE

06008-B7-144RCA-00943-BI001

BEST POSSIBLE IMAGE



T144060081440094306132016001

JK300010778

BRen

(03905-A86FC35-1)

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority