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	STI
	CO BE ACCOMPLISHED DE DUPLICATE) REPUBLIC OF THE PHILIPPINES
	CERTIFICATE OF LIVE BIRTH
1	(R11 out completely, accurately, legibly in ink or typewriter)
	Province: CAGAYAN Register Munber:
	(e) Civil Registrer-Gen. No.
	city or Municipality: TUAO (b) Local Civil Registrer No. 152(b-74)
F	1. Place of Birth :2. Usual Residence of Mother (Where does
	(a) Province: CAGAYAN : amother live?)(a) Province: CAGAYAN : (b) City or Municipality : (b) City or Municipality :
1	fat frail or immediately 1/02 and or immediately
	(c) Name of Hospital or Institution :(c) Number and Street (or name of Barrie)
	(IT not in Hospital, give street address):
1	(d) Is Place of Eirth Inside City (d) Is Residence Inside City Limits?
4	Limite?
1	Yes / No X Yes / No A
1	Is Residence on a Farm?
97	Yes / No /r
1	(3.NAME(Type or Print) First Hiddle Lest 7/
1	Constitution of the second sec
1	90 SARRIENO SARRIENO 150. This Birth: 150. Twin or Triplet was: 6. DATE OF BIRTH: 157
1	(7.NAME First Middle Lest :Religion: 8.NationsTity: 86: Rece
1	E Lerete Savalente : P.C. : pel : pe
÷	云(9:Age(et time of :10. Birthpiece :112.Usual Occupation:11b.Aind of B'ness.
1	<pre></pre> <pre></pre>
dia.	(12.Meiden First Middle Last : Religion:13.Netionelity:13s Roy Name Original Vallage : 20 : page :
Ñ.	CONSIDER THE PROPERTY TIME OF SOMETHING FOR THE PROPERTY OF TH
	(Do not include this birth).
1	1/25: INFORMANT: (a) How Meny Children Are Now Living?
	(a) Signeture:
	(b) NAME IN PRINT! (b) How Many Other Children Were Born Alive But Are Now Dead?
	(c) Address: Alive But Are Now Dezd? 12. Mother's Mailing Address: (Number, Street :(c) How Heny Petal Deaths (fetuses
	City or Municipality, Province) : Born Dead Any Time after Concep-
	Structure: Teas: Caravan - : /tion?
	19. ATTENDANT AT BIRTH :(d) Date Signed by Attendent at Birth
	I HERBBY CERTIFY that I attended the birth of this child who was born alive at 2:
	o'clock on the date above-stated. : (e) Title of Attendent at Birth
	(E) Signiture: : /M.D. /Midwife
Į.	(b) NAME IN PRINT: / / Durse / Jother (Specify) Held
	(c) Address: 21.2. Given Name Added from Supple-
	20. RECRIVED in the Office of the Local Civil: mental Report:
	Registrer by:
	(b) NAME IN PRINT: X DOMEDES J. SIRIBAN b. Date When Given None was 70
	(c) Title or Position Clark - Call Bupplied:
	(a) Dete: / 2/9/19 0
	620. Length of Preghancy: 220. Weight at Rirth :23. DEGITIMATE
	on Completed Wedge: a lbs. c oz. Yes 7 No. 7
	24. Date and Place of Marriage of Parents (25. This certificate is prepared by: 4
-	: Signsture:
	(Month) (Nete) 417 (Year) :
R.	(ity or Municipality: Thee : Pittle or Position: Sanitarian
	: Dete: Peb. 9, 1974
	Pusyince: Carayen :
	NJS-4/30/73 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR STECIAL PURPOSES) See Beek
1	
7	

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REST POSSIBLE IMAG



BReN 01528-A74AC03-8 CARMELITA N. ERICTA

Administrator and Civil Registrar General

National Statistics Office