				OF THE CIVIL			BIRTH		
rc	ovince I	PANGASINA	N				Registry No.	24-337	
		ROSALES						ast)	
	1. NAME CLAY	(First) TON DRAY	VIE		^{ddle)} ACOST	Α	BASA		
	2. SEX (Male/Female	e)	3. DAT		(Day)	,	(Month) MARCH		(Year) 2024
11 11 11 11	A DIACE OF ()	ALE lame of Hospital	BIRT /Clinic/Ins		9 (City/Mun			ovince)	
	4. PLACE OF (A) CFERMIC GOV	arangay) CARMA	CARMAY EAST		LES	PANGASINAN ORDER (Order of this birth to 6		WEIGHT AT DIDTH	
	5a.TYPE OF BIRTH (Single, Twin, Trip		5b. IF MI (First,	JLTIPLE BIRTH, CH Second, Third, etc.)	ILD WAS	previous	I ORDER (Order of the live births including fe lecond, Third, etc.)	tal death)	3. WEIGHT AT BIRTH
	SINGLE			N/A			TRST		1,400 grams
	7. MAIDEN NAME	(First)	CIDE	(N	liddle) ROSIN	10		(Last) OSTA	
	NAME ZANDRA CLAIRE 8. CITIZENSHIP				9. RELIGION/RELIGIOUS SECT				
	0. Om22.	FILIPINO				ROMAN CATHOLIC 11. OCCUPATION 12. AGE at the time of			12.AGE at the time of thi
I	10a. Total number of children born alive	10b. No. of child		10c. No. of children bo	27703		FIREWO	MAN	birth (completed years)
	1 13. RESIDENCE	(House No., St.	. Baranga	0 (City	y/Municipali	lty)	(Province)		ountry)
	13. REGIDENCE	CABITNON		SAN NICO	LAS	PAN	GASINAN		HILIPPINES
	14. NAME	(First)	DVIIE		(Middle)	AG	ВА	(Last) SAYA	
	15. CITIZENSHIP	JOHN A		GION/RELIGIOUS			CUPATION		18. AGE at the time of this
	FILIP	PINO	200000	ROMAN CATHO		ILIPPIN	E NATIONAL PO	OLICE	birth (completed years) 26
	19. RESIDENCE	(House No., St	., Baranga	ay) (Cit	y/Municipal	ity)	(Province)		(Country)
2		CABITNON		SAN NICO	010 - 20 - 21V		IGASINAN		HILIPPINES
_	ARRIAGE OF PAR Month		(Year)	20b. PLACE		unicipality)	(Province		(Country)
•				The second secon					
	JANUARY	8	2024	SAN NICOLA	S,		GASINAN,	PH	ILIPPINES
la	JANUARY a. ATTENDANT					PAN			
	a. ATTENDANT X 1 Physician	_ 2 Nurse	3 Mi	dwife 4 Hild	ot (Tradition	PAN	ttendant) 5	Others (Sp	ecify)
	a. ATTENDANT X 1 Physician	_ 2 Nurse	3 Mi	dwife 4 Hild	ot (Tradition	PAN	ttendant) 5	Others (Sp	ecify)
11	X 1 Physician b. CERTIFICATION C I hereby certify to	_ 2 Nurse DF ATTENDAN that I attended	3 Min T AT BIR the birth	dwife 4 Hild TH (Physician, Nurse of the child who we	ot (Tradition	PANOmal Birth At Traditional ive at 12	tendant) 5 of Birth Attendant/Hild 2:00 angm/pm on t	Others (Spot, etc.) the date of	ecify)
i	X 1 Physician b. CERTIFICATION C I hereby certify to	2 Nurse DF ATTENDAN' that I attended	3 Min T AT BIR the birth	dwife 4 Hild TH (Physician, Nurse of the child who wa	ot (Tradition e, Midwife, as born ali	PANOmal Birth At Traditional ive at 12	ttendant) 5 (Birth Attendant/Hild 2:00 angm/pm on the control of the cont	Others (Spot, etc.) the date of CENTER	ecify)
ii.	X 1 Physician b. CERTIFICATION C I hereby certify to	2 Nurse DF ATTENDAN' that I attended	3 Min T AT BIR the birth	dwife 4 Hild TH (Physician, Nurse of the child who we	ot (Tradition e, Midwife, as born ali Address Date	PANO PANO PANO PANO PANO PANO PANO PANO	ttendant) 5 (Light Attendant/Hild 2:00 angm/pm on the ERMTC, GOVT. SALES, PANGAL MARCH 9, 202	Others (Spot, etc.) the date of CENTER	
ii ii	a. ATTENDANT X 1 Physician b. CERTIFICATION C I hereby certify to gnature ame in Print the or Position CERTIFICATION O I hereby certify	2 Nurse DF ATTENDAN' that I attended FLORY MAN DESTETRICE OF INFORMANT fy that all inform	3 Min AT BIR the birth W. N. LEF	dwife 4 Hild TH (Physician, Nurso of the child who we PROZO, MD	ot (Tradition e, Midwife, as born ali Address Date 23. PF	PANOmal Birth At Traditional ive at 12	ttendant) 5 (Light Attendant/Hild 2:00 angm/pm on the ERMTC, GOVT. SALES, PANGAL MARCH 9, 202	Others (Spot, etc.) the date of CENTER	ecify)
ii ii	a. ATTENDANT X 1 Physician b. CERTIFICATION C I hereby certify to gnature ame in Print te or Position	2 Nurse DF ATTENDAN' that I attended FLORY MAN DESTETRICE OF INFORMANT fy that all inform	3 Min AT BIR the birth W. N. LEF	dwife 4 Hild TH (Physician, Nurse of the child who wa	ot (Tradition e, Midwife, as born ali Addres: Date 23. PF	PANOMAL PAREPARED	ttendant) 5 (Light Attendant/Hild 2:00 angm/pm on the ERMTC, GOVT. SALES, PANGAL MARCH 9, 202	Others (Spot, etc.) the date of CENTER	ecify)
ii le iii	a. ATTENDANT X 1 Physician b. CERTIFICATION C I hereby certify to gnature ame in Print tie or Position C. CERTIFICATION O I hereby certify correct to my own gnature	2 Nurse DF ATTENDAN' that I attended FLORY MAN DESTETRICE OF INFORMANT fy that all inform	3 Min T AT BIR the birth 14/17 N. LEF	dwife 4 Hild TH (Physician, Nurse of the child who we PROZO, MD IECOLOGIST pplied are true and	ot (Tradition e, Midwife, as born ali Address Date 23. PF	PANO nal Birth At Traditional tive at 12 s CFF ROS REPARED	ttendant) 5 (Light Attendant/Hild 2:00 angm/pm on the ERMTC, GOVT. SALES, PANGAL MARCH 9, 202	Others (Spot, etc.) the date of CENTER SINAN	ecify)
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iii la	a. ATTENDANT X 1 Physician b. CERTIFICATION O I hereby certify to gnature ame in Print CERTIFICATION O I hereby certify correct to my own gnature ame in Print I certification of the Child	2 Nurse OF ATTENDANT that I attended FLORY MAY OF INFORMANT fy that all inform knowledge and the second of the	3 Min AT BIR the birth 1/4/ N. LEFAN-GYN mation su belief.	dwife4 Hild TH (Physician, Nurso of the child who we PROZO, MD PROZO, MD PROZO GIST pplied are true and	ot (Tradition e, Midwife, as born ali Address Date 23. PF Signat Name	PANO nal Birth At Traditional tive at ROS REPARED ture in PrirkA	ttendant) 5	Others (Spot, etc.) the date of CENTER SINAN	ecify)
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TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR