REMARKS/ANNOTATION (Revised January 1993) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH Province PAMPANGA City/Municipality SAN PERNANDO Registry No. 93-5815 1. NAME (First) (Middle) (Last) (Last) (Last) (Last) (Last) (Last) (Middle) (Last) (Middle) (Last) (Middle) (Last) (Middle) (Last) (Middle) (Last) (Middle) (Midd	
City/Municipality SAN FERNANDO Registry No. 93-5815 1. NAME (First) (Middle) (Last) 2. SEX	
1. NAME (First) (Middle) (Last) For OCRG USE ONLY: Population Reference No. 2. SEX X 1. MALE 2. FEMALE 2. SEN 3. DATE OF BIRTH (day) (month) (year) 2. SEX X 1. MALE 2. FEMALE 4. PLACE OF (Name of hospital/ Clinic/institution/ (City/Municipality) BIRTH House No. Street, barangay) 5a. TYPE OF BIRTH STO NIÑO, SAN FERNANDO PAMPANGA 5a. TYPE OF BIRTH Single Twin 1 fistr 2 second 3 Others, Espicify C. BIRTH ORDER 1.ST (live B and fetal deaths including this delivery) (First, second,third,etc.) 6. MAIDEN (First) (Middle) (Last) NAME ESTELITA CUBACUB 7. CITIZENSHIP MANALANSAN D. RELIGION ROMAN CATHOLIC 9a. Total Number of B. No of children still C. No. Of children C. No. Of children C. No. Of children	
1. NAME ERIO CUBACUB MANALANSAN 2. SEX X 1 MALE 2. FEMALE 2. FEMALE 3. DATE OF BIRTH (day) (month) (year) 2. SEX Y 1 MALE 2. FEMALE 2. FEMALE 2. FOOCAG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF CIVIL REGISTRA 4. PLACE OF (Name of hospital/ Clinic/Institution/ (City/Municipality) (Province) BIRTH House No. Street, barangay) STO NIÑO, SAN FERNANDO PAMPANGA D. San Type OF BIRTH Single 7 Vin 3 Others, Espicity 2 Second 3 Others, Espicity 3 Others, Espicity 4. Single 1. Single 3 Others, Espicity 4. Single 1. So C. BIRTH ORDER (live B and fetal deaths including this delivery) (First, second,third,etc.) 6. MAIDEN (First) (Middle) (Last) NAME 7. CITIZENSHIP MANALANSAN D. RELIGION FILIPINO 9a. Total Number of B. No of children still C. No. Of children C. No. Of children To BE FILLED UP AT THE OFFICE OF CIVIL REGISTRA 41 41 42 43 44 45 46 47 48 48 48 48 48 48 48 48 48	
C H PLACE OF (Name of hospital/ Clinic/Institution/ (City/Municipality) (Province) BIRTH House No. Street, barangay) STO NIÑO, SAN PERNANDO PAMPANGA D Sa. TYPE OF BIRTH B. IFMULTIPLE BIRTH CHILD WAS Insingle Twin Single Second Southern, Expicity C. BIRTH ORDER (live B and fetal deaths including this delivery) (First, second,third,etc.) 6. MAIDEN (First) (Middle) (Last) NAME ESTELITA CUBACUB 7. CITIZENSHIP MANALANSAN D. RELIGION ROMAN CATHOLIC 9a. Total Number of B. No of children still C. No. Of children	6 9
4. PLACE OF (Name of hospital/ Clinic/Institution/ (City/Municipality) (Province) BIRTH House No. Street, barangay) STO NIÑO, SAN FERNANDO PAMPANGA D Sa. TYPE OF BIRTH B. IF MULTIPLE BIRTH CHILD WAS 1 fist 2 second 3 Others, Espicity 1 second (live B and fetal deaths including this delivery) (First, second,third, etc.) C. BIRTH ORDER D. WEIGHT AT BIRTH 1 50 1ST (live B and fetal deaths including this delivery) (First, second,third, etc.) 6. MAIDEN (First) (Middle) (Last) NAME FSTELITA GUBACUB 1 0 2 1 0 7. CITIZENSHIP MANALANSAN D. RELIGION 800AN CATHOLIC 56 PILIPINO 9a. Total Number of B. No of children still C. No. Of children	6 9
D Sa. TYPE OF BIRTH SingleTwin	6 9
C. BIRTH ORDER D. WEIGHT AT BIRTH 18 1 50	
6. MAIDEN (First) (Middle) (Last) NAME ESTELITA CUBACUB 7. CITIZENSHIP MANALANSAN D. RELIGION PILIPINO ROMAN CATHOLIC 9a. Total Number of B. No of children Still C. No. Of children	
7. CITIZENSHIP MANALANSAN D. RELIGION M FILIPINO ROMAN CATHOLIC 9a. Total Number of B. No of children still C. No. Of children	
O 9a. Total Number of B. No of children still C. No. Of children	3 3
T Sa. Total Number of D. No. Of children	
H Alive: 4 birth: 4 dead 0	
R 10. OCCUPATION 11. Age at the time of this birth 25 1 2 64	
12. RESIDENCE House No. Street. Barangay) (City/Municipality) (Province) STA CRUZ LUBAO PAMPANGA 62	
F 13. NAME (First) (Middle) (Last) 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0	0 0
T 14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC 68	
E R 16. OCCUPATION 17. Age at the time of this birth 27 70	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledge/Admissions of Paternity at the back.) 79 PERUARY 14,1978	1
19a. ATTENDANTLUDAO PAMPANGA	
4. Hilot (Traditional) 19b. CERTIFICATION OF BIRTH I hereby to certify thati attended the birth of the child who will born at 4145 o'clock am)pm on the date stated above. 3 1 0 0	
Signature Pelacrus Address SAME AS ABOVE 86 87	
Name in Print RITA MAE DELA CRUZ PHD. Relationship to the child PHYSICIAN Date DECEMBER 11, 2023 1 3	
20. INFORMANT Signature Address SAME AS ABOVE 9 8 5 2 9	
Name in Print RICARDO C. 4MANALANSAN Relationship to the child FATHER Date MAY 28,2019 93	
21. PREPARED BY 22. RECEIVER AT THE OFFICE OF THE CIVIL REGISTRAR	
Name in Print MARRY PRYES Name in Print ASI TAOD. MANGARSAN 94	
Title or position MUNICIPALCIVIA CISTAGE DOSITION MUNICIPAL REGISTRAT Date MAY 28,2019 Date DECEMBER 20, 2023	

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