

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province LAYTE
City/Municipality ABUYOG

Registry No. 2004-179

C H I L D	1. NAME (First) (Middle) (Last) FRANZILLE NAMOCO ARJON		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 5 JANUARY 2004
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) Abuyog District Hospital, Abuyog, Layte		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) Second (first, second, third, etc.)		d. WEIGHT AT BIRTH 3,140 grams
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) Imelda Macahusay Namoco		
	7. CITIZENSHIP Filipino		8. RELIGION Roman Catholic
	9a. Total number of children born alive: 2	b. No. of children still living including this birth: 2	c. No. of children born alive but are now dead: 0
	10. OCCUPATION Businesswoman		11. Age at the time of this birth: 34 years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Barry. Bito, Abuyog, Layte		
	F A T H E R	13. NAME (First) (Middle) (Last) Arcelito Bayot Arjon	
14. CITIZENSHIP Filipino		15. RELIGION Roman Catholic	
16. OCCUPATION Businessman		17. Age at the time of this birth: 36 years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

February 8, 1995 - MCTO, Abuyog, Layte

19a. ATTENDANT

☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife
☐ 4 Hilot (Traditional Midwife) ☐ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at **8:18 P.M.** o'clock am/pm on the date stated above.

Signature *Opelia* Address Abuyog District Hospital,
Name in Print OPELIA CORBIC-ARJON, M.D., DPAFP Abuyog, Layte
Title or Position Medical Officer IV Date January 19, 2004

20. INFORMANT

Signature *Imelda* Address Barry. Bito, Abuyog, Layte
Name in Print IMELDA G. ARJON
Relationship to the child Mother Date January 19, 2004

21. PREPARED BY

Signature *Alleen P. Buiol*
Name in Print ALLEEN P. BUIOL
Title or Position Records Officer I
Date January 19, 2004

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR

Signature *Imelda*
Name in Print IMELDA G. ARJON
Title or Position Mun. Civil Registrar
Date 2-3-2004

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

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