

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 Davao Registry No. 44-2936
City/Municipality Tagum

C H I L D	1. NAME (First) (Middle) (Last) <u>SHATNA MAE</u> <u>PAGATPAT</u>		
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>3</u> December 1997
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Davao Regional Hospital, Apokon, Tagum, Davao</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u> </u> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify		
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>first</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2500</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>EMELYN</u> <u>DISOACIDO</u> <u>PAGATPAT</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>
F A T H E R	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>16</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Prk. 6, Sitio Antipolo, Cabayangan, Carmen, Davao</u>		
	13. NAME (First) (Middle) (Last) <u>unknown</u>		
	14. CITIZENSHIP		15. RELIGION
16. OCCUPATION		17. Age at the time of this birth: <u> </u> years	

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

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 10:00 pm o'clock am/pm on the date stated above.

Signature IEA C. FLORES, MD Address Davao Regional Hospital, Apokon, Tagum, Davao
Name in Print Medical Officer III Date December 19, 1997

20. INFORMANT
Signature Emelyn Pagatpat Address Prk. 6, Sitio Antipolo, Cabayangan, Carmen, Davao
Name in Print EMELYN D. PAGATPAT Date December 19, 1997
Relationship to the child mother

21. PREPARED BY [Signature] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR [Signature]

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

* WITH AFFIDAVIT OF
ADMISSION OF PATERNITY
EXECUTED BY NESTOR

AGUSTIN JR. ON
18 May 30, 2002

ENTER IN THE REGISTER
OF LIVE BIRTH REPORTS

(ADMISSION OF PATERNITY)
CASE NO. 76 BK 1 PEB
NO. 1055-342

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* THE SURNAME OF THE CHILD
IS HEREBY CHANGED FROM
SHATNA MAE PAGATPAT
TO
SHATNA MAE PAGATPAT AGUSTIN
ON May 30, 2005

PURSUANT TO RA 9255

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FLORDELIZA J. ZULUETA
CITY CIVIL REGISTRAR

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