

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 15a.)Province Davao del SurCity/Municipality Davao City

Registry No.

70723

REMARKS/ANNOTATION

1. NAME (First) <u>Razel</u> (Middle) <u>Dela Silva</u> (Last) <u>Mellijor</u>	For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
2. SEX <u>1</u> Male <u>2</u> Female	
3. DATE OF BIRTH (day) <u>02</u> (month) <u>10</u> (year) <u>2000</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Medical Mission Group Hospital</u> <u>Leon Garcia St., Davao City</u>	
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	41 <u>03030723</u> 43 <u>02</u> 45 <u>02</u> 47 <u>02</u> 49 <u>02</u> 51 <u>03</u> 53 <u>03</u> 55 <u>03</u> 57 <u>03</u> 59 <u>03</u> 61 <u>03</u> 63 <u>03</u> 65 <u>03</u> 67 <u>03</u> 69 <u>03</u> 71 <u>03</u> 73 <u>03</u> 75 <u>03</u> 77 <u>03</u> 79 <u>03</u> 81 <u>03</u> 83 <u>03</u> 85 <u>03</u> 87 <u>03</u> 89 <u>03</u> 91 <u>03</u> 93 <u>03</u> 95 <u>03</u> 97 <u>03</u> 99 <u>03</u>
b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Third</u> (first, second, third, etc.)	
d. WEIGHT AT BIRTH <u>2466</u> grams	

6. MAIDEN NAME (First) <u>Razel</u> (Middle) <u>Guaves</u> (Last) <u>Dela Silva</u>	10. OCCUPATION <u>Housewife</u>	11. Age at the time of this birth: <u>32</u> years		
7. CITIZENSHIP <u>Filipino</u>			8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>03</u>			b. No. of children still living including this birth: <u>03</u>	c. No. of children born alive but are now dead: <u>00</u>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Eurok 9-A Bldg. 2 Bldg. 6, Brgy. Antonio U. Florendo, Panabo, Davao del Norte</u>				
13. NAME (First) <u>Eugene</u> (Middle) <u>Enlacinto</u> (Last) <u>Mellijor</u>	16. OCCUPATION <u>Laborer</u>	17. Age at the time of this birth: <u>33</u> years		
14. CITIZENSHIP <u>Filipino</u>			15. RELIGION <u>Roman Catholic</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>28 January 1989 - Panabo, Davao del Norte</u>				
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)				

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:02</u> am/pm on the date stated above.	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>ELVIRA O. CASIVIA</u> Name in Print <u>ELVIRA O. CASIVIA</u> Title or Position <u>Chief Birth Division</u> Date <u>11 OCT 2000</u>
Signature <u>Rizaldo B. Gonzales, MD</u> Name in Print <u>Rizaldo B. Gonzales, MD</u> Title or Position <u>Attending Physician</u> Date <u>October 10, 2000</u>	
20. INFORMANT Signature <u>Eugene E. Mellijor</u> Name in Print <u>Eugene E. Mellijor</u> Relationship to the child <u>Father</u> Date <u>October 10, 2000</u>	
21. PREPARED BY Signature <u>Lynia W. Saca</u> Name in Print <u>Lynia W. Saca</u> Title or Position <u>Medical Records in-charge</u> Date <u>October 10, 2000</u>	

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BEST POSSIBLE IMAGE



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Carmelita N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office