

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately, and legibly in ink or typewritten)

APR 25 1988

PROVINCE DAVAO DEL SUR

LOCAL CIVIL REGISTRY NO. 88-8177

CITY/MUNICIPALITY DAVAO CITY

1. NAME

(First)

(Middle)

(Last)

CAMILLE

CARNICE

GAGUI

2. SEX (Place 'X' on appropriate answer)

3. DATE OF BIRTH (Day)

(Month)

(Year)

☐ Male

☒ Female

18

MARCH

1988

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in Hospital, give street/barangay)

(City/Municipality)

(Province)

HOME DELIVERY FR. SULGA ST.,

DAVAO CITY

DAVAO

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)

5. IF MULTIPLE BIRTH, CHILD WAS

☐ Single ☐ 2 Twin ☐ 3 Three or more

☐ 1 First

☐ 2 Second

☐ 3 Third, etc.

6. NAME (First) (Middle) (Last)

7. NATIONALITY

8. RELIGION

CONCEPCION MEMORIAS CARNICE

FILIPINO

ROMAN CATHOLIC

(First) (Middle) (Last)

9. NATIONALITY

10. RELIGION

FREDO PANES GAGUI

FILIPINO

ROMAN CATHOLIC

11. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not registered, but if duly registered, it is not necessary to state the date)

MAY 28, 1983 *** DAVAO CITY

12. SIGNATURE OF ATTENDANT AT BIRTH

10:00 AM

I hereby certify that I attended the birth of the child who was born alive at _____ a child, living in the fore stated place

13. NAME

Address LOURDES VILLAGE SUBD., BAJADA,

in print NATIVIDAD C. PABLO R.M.

DAVAO CITY

or position P.H.N. COORDINATOR

Date APRIL 18, 1988

14. NAME

Address FR. SULGA ST., DAVAO CITY

in print CONCEPCION GAGUI

Date APRIL 18, 1988

relationship to child MOTHER

15. NAME

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

17. NAME

Signature

in print NATIVIDAD C. PABLO R.M.

Name in print

or position P.H.N. COORDINATOR

Date of position

APRIL 18, 1988

Date

APR 25 1988

18. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

19. DATE WHEN INFORMATION WAS SUPPLIED

20. TRUE PHOTO COPY

(Important: Informant should also provide information for Items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar.)

Local Civil Registry No. _____

Registration Status _____

GRACE A. ABAYON

Registration Officer III, CCR

DAVAO

CITY/MUNICIPALITY

DAVAO CITY

VIRAR O CASINALE

Registration Officer II

CHIEF BIRTH DIVISION

21. Weight at Birth (in grams)

6 LBS.

22. Length of Child (in cm)

23. Birth Order of Child (1st, second, etc.)

THIRD

03

24. Total Number of Children Born Alive

THREE

25. How many children are now living including this birth?

THREE

26. How many children were born alive but are now dead?

00

27. Usual Occupation

HOUSEKEEPER

28. Age at the time of this Birth

29. Age in the Year of this Birth

TWENTY THREE

30. Usual Residence (Barangay)

(City/Municipality)

(Province)

FR. SULGA ST.,

DAVAO CITY

DAVAO

31. Usual Occupation

BUSINESSMAN

32. Age at the time of this Birth

TWENTY FIVE

33. Attendant at Birth

(Place 'X' on appropriate answer)

☒ Physician

☐ 2 Nurse

☐ 3 Midwife

☐ 4 Midol

☐ 5 Others

Sex

Date of Birth

Place of Birth

Mother's Nationality

Father's Nationality

44

45

18 03 88

46

24 02 88

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NAME OF CHILD