



(Copy for OCHS)

(To be accomplished in quadruplicate)

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 Catubate Registry No. 42-648

City/Municipality Tulunan

**1. NAME** (First) ENELTE (Middle) MAHOSAT (Last) CARLOS

**2. SEX** Male ☒ Male ☐ Female

**3. DATE OF BIRTH** (day) 08 (month) July (year) 1999

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Lampang, Tulunan, Catubate

**5a. TYPE OF BIRTH** 1 Single 2 Twin 3 Other, Specify \_\_\_\_\_  
1 Single 2 Twin 3 Other, Specify \_\_\_\_\_

**5b. BIRTH ORDER** (live births and fetal deaths including this delivery)  
(first, second, third, etc.) 5th

**6. WEIGHT AT BIRTH** 2722 grams

**7. MAIDEN NAME** (First) Kalina (Middle) Yahmay (Last) Mahmay

**8. CITIZENSHIP** Philippine **9. RELIGION** Religion

**10. Total number of children born alive** 5 **11. No. of children still living including this birth** 5 **12. No. of children born alive but are now dead** 0

**13. OCCUPATION** Housekeeper **14. Age at the time of this birth** 08 years

**15. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
Lampang, Tulunan, Catubate

**16. NAME** (First) Kalina (Middle) Yahmay (Last) Mahmay

**17. CITIZENSHIP** Philippine **18. RELIGION** Religion

**19. OCCUPATION** Farmer **20. Age at the time of this birth** 39 years

**21. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
March 01, 1986 Philippine, Tulunan, Catubate

**22a. ATTENDANT** 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Other (Specify) \_\_\_\_\_

**22b. CERTIFICATION OF BIRTH**  
(I hereby certify that I attended the birth of the child named above at \_\_\_\_\_ o'clock on the date stated above.)  
2722 o'clock

**23. INFORMANT**  
Signature [Signature] Name in Print ARIBEL D. ANDRADA  
Title or Position Midwife

**24. PREPARED BY**  
Signature [Signature] Name in Print ARIBEL D. ANDRADA  
Title or Position Asst. Reg. Officer  
Date 29 July 1999

**25. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature [Signature] Name in Print ROBERTO D. BASTON  
Title or Position Municipal Civil Reg.  
Date 29 July 1999

**REMARKS/ANNOTATION**

For OCHS USE ONLY:  
Population Reference No. 9714-A99P801-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

81 7900498

82 1

83 2 040799

84 47142

85 1

86 05 2702

87 1 0

88 65 15 10

89 200 29

90 47142

91 1 0

92 61 37

93 1

94 9

06643-E2-700LMT-00390-BID11

BEST POSSIBLE IMAGE



14868735540036003102018011

BRen

04714-A99P801-9

Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority