

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Ivisan

(a) Civil Registrar-General No.

City or Municipality: Capiz(b) Local Civil Registrar No. 661 (L-83)

1. PLACE OF BIRTH

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

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b. CITY OR MUNICIPALITY

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c. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

c. NUMBER AND STREET

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

d. IS RESIDENCE INSIDE CITY LIMITS

e. IS RESIDENCE ON A FARM?

YES ☐NO ☐YES ☐NO ☐YES ☐NO ☐

3. NAME (Type or print)

First

Middle

Last

4. SEX

5a. THIS BIRTH

5b. IF TWIN OR TRIPLET, WAS CHILD

6. DATE OF BIRTH

Female

SINGLE ☐ TWIN ☐ TRIPLET ☐1st ☐ 2nd ☐ 3rd ☐

December 18, 1983

7. NAME

First

Middle

Last

RELIGION

NATIONALITY

RACE

9. AGE (at time of this birth)

10. BIRTHPLACE

11. USUAL OCCUPATION; 11b. KIND OF BUSINESS

Project Evaluation INDUSTRY

YEARS

Malocloc Sur, Ivisan, Capiz

Officer Government

12. MAIDEN NAME

First

Middle

Last

RELIGION

NATIONALITY

RACE

14. AGE (at time of this birth)

15. BIRTHPLACE

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)

a. How many children are now living?

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

c. How many fetal deaths (fetuses born dead any time after conception)?

17. a. INFORMANT'S SIGNATURE

b. NAME IN PRINT

FIDEL A. UBUCAN

c. ADDRESS

Malocloc Sur, Ivisan, Capiz

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

Malocloc Sur, Ivisan, Capiz

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 5:30 o'clock PM on the date above indicated

a. SIGNATURE

b. NAME IN PRINT

c. ADDRESS

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE

b. NAME IN PRINT

c. TITLE OR POSITION

d. DATE

22c. LENGTH OF PREGNANCY 21 WEEKS

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

December 18, 1982

(Month) (Date) (Year)

City or Municipality Ivisan Province Capiz

a. DATE SIGNED BY ATTENDANT AT BIRTH:

December 18, 1983

e. TITLE OF ATTENDANT AT BIRTH:

a. M.D.

a. NURSE

b. MIDWIFE

c. OTHERS (Specify)

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

December 18, 1983

23. LEGITIMATE

YES ☐ NO ☐

25. THIS CERTIFICATE PREPARED BY:

SIGNATURE

NAME IN PRINT

TITLE OR POSITION

DATE

December 18, 1983-1500

REMARKS: PURSUANT TO THE ORDER DATED SEPTEMBER 30, 2004 RENDERED BY JUDGE EDWARD B. CONTRERAS OF THE REGIONAL TRIAL COURT, 6TH JUDICIAL REGION, BRANCH 17, ROXAS CITY, UNDER, SP. PROC. NO. SP-025-04, THE CHILD'S SEX IS HEREBY ORDERED CORRECTED FROM FEMALE TO MALE.

CERTIFIED CORRECT
 LISA GRACE S. BERSALES
 APR 27 2011

06193-F4-999MST-00020-BI001

BEST POSSIBLE IMAGE



T089061939990002012152018001
 UK500657925

BRn

01905-A83ZJ04-9

Documentary
 Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
 Philippine Statistics Authority