

NSO-BIRTHCERTIFICATE

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, 6b and 10a.)

Province Cebu Registry No. 2578
 City/Municipality Toledo City

1. NAME (First) (Middle) (Last)
HAIDELITZA VILLARMA ALPEREZ

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
20 August 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
Toledo City Hospital Toledo City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

6. MAIDEN NAME (First) (Middle) (Last)
LILY BETH ARNELLA VILLARMA

7. CITIZENSHIP P-1 **8. RELIGION** _____

9a. Total number of children born alive: 2 **9b. No. of children still living including this birth:** 2 **9c. No. of children born alive but are now dead:** 0

10. OCCUPATION Paengon Worker **11. Age at the time of this birth:** 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Pandong Dato Toledo City Cebu

13. NAME (First) (Middle) (Last)
JAMES PASCETA ALPEREZ

14. CITIZENSHIP P-1 **15. RELIGION** _____

16. OCCUPATION Construction Worker **17. Age at the time of this birth:** 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 22, 1996 Toledo City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Other (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 6:07 o'clock am/pm on the date stated above.

Signature _____ Address Toledo City Hospital
 Name in Print JURGEN ARABEROS, MD Toledo City
 Title or Position Medical Officer IV Date August 20, 1997

20. INFORMANT
 Signature _____ Address Pandong Dato
 Name in Print LILY BETH ALPEREZ Toledo City
 Relationship to the child Mother Date August 20, 1997

21. PREPARED BY
 Signature _____
 Name in Print MERARI CARBELLIDO
 Title or Position Midwife
 Date August 20, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print WILMA B. BARQUIN
 Title or Position Registration Officer
 Date 9/6/97

REMARKS/ANNOTATION
 For CGRS USE ONLY
 Population Reference No. 011 692543
 TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR
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CLARE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority