



Copy for COON

(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, this set of 4 copies. Place 1 before the appropriate officer in Form 2 (a), (b), and (c).

Province <b>BOHOL</b>		Registry No. <b>97-109</b>	<b>REMARKS/ANNOTATION</b>  <b>0130</b>
City/Municipality <b>ITABO, C.P. GARCIA</b>			
1. NAME (First) <b>MARY JANE</b>		(Middle) <b>ABJAO</b>	(Last) <b>GADER</b>
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH: (day) (month) (year) <b>41 FEB 1997</b>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution / City/Municipality) (Province) <b>LAPDIGO, ITABO, C.P. GARCIA, BOHOL</b>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Other, specify		5b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, specify	
6. BIRTH ORDER (Give birth and fetal deaths including this delivery) (First, second, third, etc.) <b>SECOND</b>		7. WEIGHT AT BIRTH (In grams) <b>2770</b>	
8. MOTHER'S NAME (First) (Middle) (Last) <b>ATIBO TIJADA ANJAO</b>		9. REGISTRATION OFFICE (Name of Office) (Province) <b>ITABO ANJAO</b>	
10. CITIZENSHIP <b>FILIPINO</b>		11. RELIGION <b>CATHOLIC</b>	
12. OCCUPATION <b>HOUSEWIFE</b>		13. Age at the time of this birth: <b>22</b> years	
14. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>LAPDIGO, ITABO, C.P. GARCIA, BOHOL</b>		15. NAME (First) (Middle) (Last) <b>ESQUEDA GABRIELLA GADER</b>	
16. CITIZENSHIP <b>FILIPINO</b>		17. RELIGION <b>CATHOLIC</b>	
18. OCCUPATION <b>RATIONER</b>		19. Age at the time of this birth: <b>21</b> years	
20. DATE AND PLACE OF MARRIAGE OF PARENTS (Indicate month, day, year, and place of acknowledgment/abstraction of filiality at the BLS.) <b>OCTOBER 20, 1995 - TRIUMPT, AERITA CERO</b>			
21. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Other (Specify) <input type="checkbox"/> 5 Other (Specify)			
22. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>5:00</b> o'clock and on the date stated above. Signature: <i>Luzmila Holler</i> Name in Print: <b>LUZMILA HOLLER</b> Address: <b>MUNICIPAL, ITABO, C.P. GARCIA, BOHOL</b> Title or Position: <b>TRADITIONAL MID</b> Date: <b>FEBRUARY 4, 1997</b>			
23. INFORMANT Signature: <i>Luzmila Holler</i> Name in Print: <b>LUZMILA HOLLER</b> Address: <b>LAPDIGO, ITABO, C.P. GARCIA</b> Relationship to the child: <b>HOUSEWIFE</b> Date: <b>FEBRUARY 6, 1997</b>			
24. PREPARED BY Signature: <i>Terresita D. Luyten</i> Name in Print: <b>TERRESITA D. LUYTEN</b> Title or Position: <b>ICR CLERK</b> Date: <b>FEBRUARY 6, 1997</b>		25. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>Arnela D. Coon</i> Name in Print: <b>ARNELA D. COON</b> Title or Position: <b>ICR</b> Date: <b>FEBRUARY 6, 1997</b>	

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CLAIRE DENNIS S. MAFU, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority