

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 19a.)

REMARKS/ANNOTATION

Province CEBU Registry No. 96-10020
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
DAPNIE FIRMS GUCILA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
29 APRIL 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VILLA KALUBIHAN ALUMNOS CEBU CITY CEBU

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) THIRD (first, second, third, etc.) d. WEIGHT AT BIRTH
3,000 grams

6. MAIDEN NAME (First) (Middle) (Last)
GENA KOBOSA FIRMS

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
VILLA KALUBIHAN ALUMNOS CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
ROMUALDO CARGAHINTI GUCILA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION VENDOR 17. Age at the time of this birth: 39 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 6, 1994 BAYBAY LEYTE

19a. ATTENDANT 1 Physician 2 Nurse X 3 Midwife 4 Hilot (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 11:30 o'clock am/pm on the date stated above.
Signature D. Carao Address BASAK HEALTH CENTER
Name in Print DAMIAN CARAO & TERESITA B. SABELLON
Title or Position T.H. P.H.M. Date APRIL 29, 1996

20. INFORMANT
Signature GENA GUCILA Address VILLA KALUBIHAN ALUMNOS
Name in Print GENA GUCILA CEBU CITY
Relationship to the child MOTHER Date APRIL 29, 1996

21. PREPARED BY
Signature TERESITA B. SABELLON
Name in Print TERESITA B. SABELLON
Title or Position P.H.M.
Date APRIL 29, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature NIDA A. NUNES
Name in Print CLERK III
Title or Position DATE RCD MAY 02 1996
Date _____

For OCRG USE ONLY:
Population Ref. no. No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CERTIFIED TRUE COPY

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PHILIP A. MEGABON
REGISTRATION OFFICER IV

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