



REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
 (To be accomplished in triplicate)  
 (Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 8706227  
 CITY/MUNICIPALITY CEBU CITY

1. NAME (First) (Middle) (Last)  
CHRISTIAN CEBIZA CEBIZA PACA  
 2. SEX (Place 'X' on appropriate answer) GATE OF BIRTH (Day) (Month) (Year)  
 Male  Female 4 DEC 1987  
 PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)  
SOUTHERN ISLAND MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS  
 Single  Twin  Three or more  First  Second  Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
ELISH HERNANDEZ CEBIZA PH. R. C.  
 9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
ALFONSO ARBLANO PACA PH. R. C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)  
 Date DEC 30 1985 Place city hall

13. CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive, at 2:15 AM on the date stated above  
 Signature [Signature] Address SOUTHERN ISLAND MEDICAL CENTER  
 Name in print DR. YAP AZULON CEBU CITY  
 Title or position RESIDENT PHYSICIAN Date 12/1/87

14. INFORMANT  
 Signature [Signature] Address SPOLARIUM ST. CEBU CITY  
 Name in print EYEN PACA  
 Relationship to child MOTHER Date 12/1/87

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature [Signature] Date 12/2/87  
 Name in print MISS DE SIRES MALINAO  
 Title or position STAFF NURSE

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT d. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 8706227 Registration Status 1

PROVINCE CEBU CITY/MUNICIPALITY CEBU CITY

17. Weight of Birth (In grams) 3407 18. Birth Order of Child Ex. first, second, etc. 02

19a. Total Number of Children Born Alive 02 19b. How many children are now living including this birth? 02 19c. How many children were born alive but are now dead? 00

20. Usual Occupation 2 21. Age of the time of this Birth 18

22. Usual Residence (Barangay) (City/Municipality) (Province)  
SPOLARIUM ST. CEBU CITY CEBU

23. Usual Occupation 30 24. Age at the time of this Birth 27

25. Attendant of Birth (Place 'X' on appropriate answer)  
 1 Physician  2 Nurse  3 Midwife  4 Healer  5 Others

Sex 1 Date of Birth 01/12/87 Place of Birth 22178 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD  
 First M.I. Last  
CHRISTIAN C PACA

RESERVE FOR BINDING

02400-16-400RQL-00410-BI001

BEST POSSIBLE IMAGE



T400024004000041007282006001

BReN  
 02217-A87Y40D-8

[Signature]  
 CARMELITA N. ERICTA  
 Administrator and Civil Registrar General  
 National Statistics Office