



REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATES)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: _____

(a) Civil Registrar-General No. _____

City or Municipality: Manila

(b) Local Civil Registrar No. 3381 (AP)

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE		a. PROVINCE	<u>3905X</u>
b. CITY OR MUNICIPALITY	<u>Manila</u>	b. CITY OR MUNICIPALITY	<u>Manila 3906</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. NUMBER AND STREET	
<u>Jose R. Reyes Men. Hospital</u>		<u>2535-Logarda St. Sampaloc</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?		d. IS RESIDENCE INSIDE CITY	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME (Type or print)			6. DATE OF BIRTH		
First	Middle	Last	Month	Day	Year
<u>De-Arao</u>			<u>5</u>	<u>14</u>	<u>82</u>
4. SEX	5. IF TWIN OR TRIPLET, WAS CHILD				
<u>M</u>	SINGLE <input checked="" type="checkbox"/>	TWIN <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>

7. NAME		8. AGE (At time of this birth)		10. BIRTHPLACE		11. USUAL OCCUPATION		12. KIND OF BUSINESS OR INDUSTRY	
First	Middle	Last	Years						
		<u>20</u>		<u>Manila City</u>				<u>9</u>	

9. NAME			13. NATIONALITY			14. RACE		
First	Middle	Last						
<u>Dahlia Arao</u>			<u>Philippine</u>			<u>Brown</u>		

15. INFORMANT'S SIGNATURE		16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)		17. How many children are now living?		18. How many other children were born alive but are now dead?		19. How many fetal deaths (miscarriages) have been reported?	
E. NAME IN PRINT				0		0		0/10	
F. ADDRESS									
<u>Dahlia Arao</u>									

10. MOTHER'S MARITAL ADDRESS: (Number, Street, City or Municipality, Province)
2535-Logarda St. Sampaloc, Manila

11. ATTENDANT AT BIRTH		12. DATE WHEN CIVIL NAME WAS SIGNIFIED	
a. I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>8:00</u> o'clock <u>P.</u> M. on the date above indicated.		b. DATE SIGNED BY ATTENDANT AT BIRTH: <u>5-14-82</u>	
c. SIGNATURE: <u>[Signature]</u>		d. TITLE OF ATTENDANT AT BIRTH:	
e. NAME IN PRINT: <u>Concepcion M.D.</u>		M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Other (Specify): _____	
f. ADDRESS: <u>[Address]</u>			

13. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		14. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
g. SIGNATURE: _____		43	
h. NAME IN PRINT: _____			
i. TITLE OR POSITION: _____			
j. DATE: <u>JUN 04 1982</u>			

15. LENGTH OF PREGNANCY		16. WEIGHT AT BIRTH		17. LECTICEMIA	
<u>42-43</u> COMPLETED WEEKS.		<u>3</u> lbs. <u>13</u> Oz.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)			19. THIS CERTIFICATE IS PREPARED BY:		
(Month)	(Date)	(Year)	SIGNATURE: _____		
			NAME IN PRINT: <u>Norma P. Castillo</u>		
City or Municipality _____ Province _____			TITLE OR POSITION: <u>In-Charge, B.G. Prop.</u>		
			DATE: <u>5-29-82</u>		

12-23 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) 3720

Handwritten signature/initials