



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 18a.)

REMARKS/ANNOTATION

Province MISAMIS OCCIDENTAL  
City/Municipality OZAMIZ CITY Registry No. 9F-1977

1. NAME (First) HONEY LYN (Middle) GAMACHO (Last) ACALATH  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year) 30 JUNE 1995

For CGRG USE ONLY:  
Population Reference No.

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/  
House No., Street, Barangay) (City/Municipality) (Province)  
S.M. LAO NEM, CHILDREN & MAT. HOSP, OS. CITY MISAMIS OCCIDENTAL

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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) FIRST (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2722 grams

41 9/10/1977

6. MAIDEN NAME (First) (Middle) (Last)  
MARIVIC SERIOSO GAMACHO

42 1

7. CITIZENSHIP FILIPINO 8. RELIGION P. I. C.

43 2 44 30069V

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 0

45 42/01

10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 24 years

46 1

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
GARGO, OZAMIZ CITY MISAMIS OCCIDENTAL

47 01 48 2722

13. NAME (First) (Middle) (Last)  
PAULINO CATAHE ACALATH

49 1 50 2

14. CITIZENSHIP FILIPINO 15. RELIGION P. I. C.

16. OCCUPATION DRIVER 17. Age at the time of this birth: 29 years

51 01 52 01 53 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCTOBER 20, 1994 - P. I. C. GARGO, OZAMIZ CITY

54 220 55 24

19a. ATTENDANT X 1 Physician 2 Nurse 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 10:00 P.M. o'clock am/pm on the date stated above.

56 42/01

Signature [Signature] Address Ozamis City  
Name in Print DR. FRANKLIN Y. CABALLO Date July 7, 1995  
Title or Position Medical Officer III

57 1 58 2 59 0550

20. INFORMANT  
Signature [Signature] Address Gargo, Ozamis City  
Name in Print LEONITA C. ACALATH Date July 7, 1995  
Relationship to the child Grandmother

60 95V 61 2-9

21. PREPARED BY  
Signature [Signature]  
Name in Print NANCY O. ADENIR  
Title or Position Clerk II  
Date July 7, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position Registration Clerk IV  
Date JUL 10 1995

62 102000  
63 420/1  
64 071095

06918-6A-400SAL-00528-B1002

BReN  
04210-A95MW03-8

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES  
National Statistician and Civil Registrar