



(Copy for OCRG)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH 2180

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		Registry No. <u>26-20953</u>	REMARKS/ANNOTATION
City/Municipality <u>cebu city</u>			
1. NAME (First) <u>Nicoh Grace</u> (Middle) <u>Burgos</u> (Last) <u>Bolivar</u>		For OCRG USE ONLY: Population Reference No.	
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>31 August 1996</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No. Street, Barangay) <u>Vicente Sotto Mem. Med. Center Cebu City</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>third</u>	d. WEIGHT AT BIRTH (grams) <u>2835</u>		
6. MAIDEN NAME (First) <u>Carolina Cavan</u> (Middle) <u>Burgos</u> (Last) <u>Bolivar</u>		41	
7. CITIZENSHIP <u>Filipino</u> RELIGION <u>rl catholic</u>		42	
9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	43	
10. OCCUPATION <u>None</u>		44	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Ocaña Carcar Cebu</u>		45	
13. NAME (First) <u>Carolina</u> (Middle) <u>Burgos</u> (Last) <u>Bolivar</u>		46	
14. CITIZENSHIP <u>Filipino</u> RELIGION <u>cath</u>		47	
16. OCCUPATION <u>Sec. Guard</u>		48	
17. Age at the time of this birth: <u>22</u> years		49	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>March 24, 1995 Bohol</u>		50	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		51	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:18 am</u> o'clock am/pm on the date stated above.		52	
Signature <u>Dr. Nueva Villamer</u> Address <u>W.M.C Cebu City</u> Name in Print <u>Physician</u> Date <u>31 August 1996</u>		53	
20. INFORMANT Signature <u>Carolina Bolivar</u> Address <u>Ocaña Carcar</u> Name in Print <u>Carolina Bolivar</u> Date <u>31 August 1996</u> Relationship to the child <u>Mother</u>		54	
21. PREPARED BY Signature <u>Araceli Mata</u> Name in Print <u>Nurse</u> Title or Position <u>Nurse</u> Date <u>31 August 1996</u>		55	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		56	

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03/24/96

09/30/96



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Carmelita N. ERICTA
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Administrator and Civil Registrar General
National Statistics Office

