

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

WAGENI 56
BOKK NC 61

Province Negros Occidental
City/Municipality Cadiz City

Registry No. 20052847

For OCRG USE ONLY:
Population Reference No.
[]

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41 [] [] [] [] []

48 []

49 [] 50 [] [] [] [] []

56 [] [] [] [] []

61 []

62 [] 64 [] [] [] [] []

68 [] 69 []

70 [] 72 [] 74 [] [] []

76 [] 78 [] [] []

81 [] [] [] [] []

86 [] 87 []

88 [] 89 [] [] [] []

94 [] [] [] [] [] []



1. NAME (First) AL JEAN JOY (Middle) BETIA (Last) ORQUIA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) 05 (month) June (year) 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) Cadiz District Hospital Cadiz City Neg. Occ.

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) Second (first, second, third, etc.) d. WEIGHT AT BIRTH 3,400 grams

6. MAIDEN NAME (First) Marie Jiean (Middle) Nemenzo (Last) Betia

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) Brgy. Caduha-an (City/Municipality) Cadiz City (Province) Neg. Occ.

13. NAME (First) Allan (Middle) Almonia (Last) Orquia

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Private Employee 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Not Married

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 4:29 A.M. o'clock am/pm on the date stated above.

Signature Ruel G. Trecho, M.D. Address Cadiz District Hospital Cadiz City Neg. Occ.
Name in Print Medical Officer IV Date June 06, 2005

20. INFORMANT Signature Marie Jiean Betia Address Brgy. Caduha-an Cadiz City Neg. Occ.
Name in Print Mother Date June 17, 2005
Relationship to the child

21. PREPARED BY Signature Ma. Cathrina Ga
Name in Print
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature ALTA M. OPLAS
Name in Print