



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 10a.)

REMARKS/ANNOTATION

Province Cebu City/Municipality Barili Registry No. 99-1423

1. NAME (First) Christine (Middle) Parides (Last) Almido

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) 11 (month) 11 (year) 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Pagupat (City/Municipality) Barili (Province) Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS X 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (Two births and fetal deaths including this delivery) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH 3.2 grams

6. MAIDEN NAME (First) Imelda (Middle) Parides (Last) Almido

7. CITIZENSHIP Fil. 8. RELIGION R.C.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead:

10. OCCUPATION H.R. 11. Age at the time of this birth: no. years

12. RESIDENCE (House No., Street, Barangay) Pagupat (City/Municipality) Barili (Province) Cebu

13. NAME (First) Imelda (Middle) Parides (Last) Almido

14. CITIZENSHIP Fil. 15. RELIGION R.C.

16. OCCUPATION H.R. 17. Age at the time of this birth: no. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, absorption and/or Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 5:10 o'clock PM on the date stated above.

Signature [Signature] Address Arcena Barili
Name in Print Imelda Parides Almido Date 12-3-99
Title or Position Civil Registrar

20. INFORMANT
Signature [Signature] Address Formentor Barili
Name in Print [Name] Date 12-3-99
Relationship to the child [Relationship]

21. PREPARED BY [Signature] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature] Name in Print UMENA
Title or Position [Title] Date 12-3-99

For OCRG USE ONLY: Population Reference No. 7701799-507-99

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 990140

48 1

49 11623

55 1195

61 1

62 01 64 1999

66 1 68 1

70 01 72 07 74 00

76 220 78 20

81 22109

86 1 87 1

89 1 91 1

93 1

00332

05922-A0-400VDL-00402-B'012

BEST POSSIBLE IMAGE



10059224000040203192016012
1900710551

BReN
[02210-A99XB01-7]
Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

