



(Copy for OCRG)

(To be accomplished in quadruplicate)

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.)

Province <u>Cebu</u>		Registry No. <u>2006-4495</u>	REMARKS/ANNOTATION	
City/Municipality <u>Mandaue</u>				
CHILD	1. NAME (First Middle Last) <u>Jean Kyla Imperial Jayme</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>23 July 2006</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Everaley Childs Sanitarium Jagobiao Mandaue City Cebu</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. <input type="checkbox"/> 3 Others (Specify)	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second	41	
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>First</u>	d. WEIGHT AT BIRTH <u>2,750</u> grams	46		
6. MAIDEN NAME (First Middle Last) <u>Rouena Redalle Imperial</u>	48	49	50	
7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>	55		
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	58	
10. OCCUPATION <u>none</u>	11. Age at the time of this birth: <u>22</u> years	61		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Upper Tingub Mandaue City Cebu</u>	62	64		
FATHER	13. NAME (First Middle Last) <u>Cedrick Cortishuala Jayme</u>	65	66	
	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>	68	
	16. OCCUPATION <u>Company Worker</u>	17. Age at the time of this birth: <u>24</u> years	70	72
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 12, 2005 - St. Francis De Assisi Parish, Dumanjug, Cebu</u>			76	79
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			81	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:32 PM</u> o'clock on/upon the date stated above. Signature <u>[Signature]</u> Address <u>Jagobiao, Mandaue City</u> Name in Print <u>LYNDON R. VILLEGAS, M.D.</u> Title or Position <u>Medical Specialist I</u> Date <u>July 23, 2006</u>			86	87
20. INFORMANT Signature <u>[Signature]</u> Address <u>Upper Tingub, Mandaue City, Cebu</u> Name in Print <u>ROSENA I. JAYME</u> Relationship to the child <u>Mother</u> Date <u>July 23, 2006</u>			88	91
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>GERALDINE E. LORONGO, RN</u> Title or Position <u>Nurse</u> Date <u>July 23, 2006</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CLAYANA C. NERO</u> Title or Position <u>CLERK</u> Date	93	94

D
V

Trac
TRU

08949-4B-991SCB-04628-BI001
BEST POSSIBLE IMAGE



T080089499910462807022024001
6810000000000

BRen
02230-B06PP05-5

Documentary
Stamp Tax Paid

CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority