



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

Completed in quadruplicate using black ink

ZAMBOANGA DEL SUR PAGADIAN CITY		Registry No. 2011-5392	
RYNE ALDRICH (First) (Middle) (Last)		FLORES BAGUIO	
2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 2 OCTOBER 2011		
4. PLACE OF BIRTH (Name of Hospital, Clinic, or Subcity/ House No., St., Barangay) (City/Municipality) (Province) ZS MEDICAL CENTER PAGADIAN CITY ZAMBOANGA DEL SUR			
5a. TYPE OF BIRTH (Single, Twin, Fraternal, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FOURTH	6. WEIGHT AT BIRTH 2700 grams
7. MOTHER NAME (First) (Middle) (Last) JUVY INTING FLORES			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT MORMONS	
10a. Total number of children born alive 4	10b. No. of children still living including this birth 4	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEKEEPER
12. AGE at the time of this birth (completed years) 46			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ARIOSA STREET PAGADIAN CITY ZAMBOANGA DEL SUR PHILIPPINES			
14. NAME (First) (Middle) (Last) AVELINO AQUINO BAGUIO			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT MORMONS	
17. OCCUPATION (Marines) PHILIPPINE NAVY		18. AGE at the time of this birth (completed years) 38	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ARIOSA STREET PAGADIAN CITY ZAMBOANGA DEL SUR PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)			
20a. DATE (Month) (Day) (Year) JUNE 3 2002		20b. PLACE (City / Municipality) (Province) (Country) PAGADIAN CITY ZAMBOANGA DEL SUR	
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 5:59 am/pm on the date of birth specified above.			
Signature Name in Print: NORMAN S. SILAN, M.D. Title or Position: MEDICAL SPECIALIST II		Address: ZSMC, PAGADIAN CITY Date: OCTOBER 2, 2011	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature Name in Print: AVELINO A. BAGUIO Relationship to the Child: FATHER Address: ARIOSA STREET, PAG. CITY Date: OCTOBER 2, 2011		23. PREPARED BY Signature Name in Print: MARIETTA B. BARANGAN Title or Position: NURSE Date: OCTOBER 2, 2011	
24. RECEIVED BY Signature Name in Print: PRENELIZAN GUINALDO Title or Position: Asst. Regn Officer Date: 10/4/11		25. REGISTERED BY THE CIVIL REGISTRAR Signature Name in Print: LEONARDO C. ACORDA Title or Position: City Civil Registrar Date: 10/4/11	

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)