

(Copy for OCRG)



Municipal Form No. 402 (Revised January 1993)

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 Cebu Registry No. 99-1836  
 City/Municipality Naga

1. CIVIL NAME (First) MAY MARIE JANE (Middle) CARILLO (Last) PARAN

2. SEX  Male  Female 3. DATE OF BIRTH (day) (month) (year) 17 October 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
Orlanes Medical Clinic Naga Cebu

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

6. BIRTH ORDER (live births and fetal deaths including this delivery) Fourth (first, second, third, etc.) d. WEIGHT AT BIRTH 3,130 grams

7. MAIDEN NAME (First) Gloria (Middle) Sombroso (Last) Cerbello

8. CITIZENSHIP Philippino 9. RELIGION Roman Catholic

10. Total number of children born alive 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

11. OCCUPATION Housekeeper 12. Age at the time of this birth: 32 years

13. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Uling Naga Cebu

14. NAME (First) Nicolas (Middle) Beaula (Last) Paran

15. CITIZENSHIP Philippino 16. RELIGION Roman Catholic

17. OCCUPATION Driver 18. Age at the time of this birth: 33 years

19. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Jan 8, 1983 - Negros Occidental

20. ATTENDANT  Physician  Nurse  Midwife  Traditional (Midwife)  Others (Specify)

21. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 8:30 A.M. on the date stated above.

Signature: [Signature] Address South Poblacion, Naga, Cebu  
 Name in Print Dr. Leopoldo G. Orlanes Date Oct. 22, 1999  
 Title or Position Physician

22. INFORMANT: [Signature] Address Uling, Naga, Cebu  
 Name in Print Nicolas B. Paran Date Oct. 22, 1999  
 Relationship to the child Father

23. PREPARED BY: [Signature] Signature [Signature]  
 Name in Print Dr. Leopoldo G. Orlanes Name in Print MUN. CIVIL REGISTRAR  
 Title or Position Physician Title or Position NAGA, CEBU  
 Date Oct. 22, 1999 Date

REMARKS/ANNOTATION

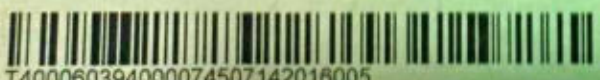
Per OCRG USE ONLY: Population Reference No. 5234 MAY 10 2-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9901836  
 42 1  
 43 2 44 171099  
 45 22343  
 46 1  
 47 043130  
 48 1 49 1  
 50 04 51 04 52 00  
 53 220 54 32  
 55 22343  
 56 1 57 1  
 58 985 59 33  
 60 1 61 00177

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BEST POSSIBLE IMAGE



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BReN  
 02234-A99VH02-6

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

