



REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
 (Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 86-527  
 CITY/MUNICIPALITY Seged  
 1. NAME (First) ROGLYN (Middle) DEJITO (Last) SOLOM  
 2. SEX (Place 'X' on appropriate answer) ROGLYN 3. DATE OF BIRTH (Day) 4 (Month) June (Year) 1986  
 1 Male 2 Female  
 4. PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay) Danalog, Cebu (City/Municipality) (Province)  
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.  
 6. MAIDEN NAME (First) Solma (Middle) Dejito (Last) 7. NATIONALITY Filipino 8. RELIGION R.C.  
 9. NAME (First) Coast (Middle) Solon (Last) 10. NATIONALITY Filipino 11. RELIGION R.C.  
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)  
July 17, 1983 Seged, Cebu  
 13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ o'clock a.m./p.m. on the date stated above.

Signature \_\_\_\_\_ Address Danalog,  
 Name in print BOHENA MONTICELLO Seged, Cebu  
 Title or position Mayor Date June 4, 1986  
 14. INFORMANT  
 Signature \_\_\_\_\_ Address Danalog,  
 Name in print CESSAR SOLOM Seged, Cebu  
 Relationship to child Father Date June 4, 1986  
 15a. PREPARED BY  
 Signature \_\_\_\_\_ Address \_\_\_\_\_  
 Name in print EPIMENIA B. COMAINOKINO Seged, Cebu  
 Title or position Utility Aide Date \_\_\_\_\_  
 Date June 18, 1986  
 15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in print \_\_\_\_\_  
 Title or position \_\_\_\_\_  
 Date \_\_\_\_\_

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT \_\_\_\_\_ DATE WHEN INFORMATION WAS SUPPLIED 2070

(Important: Informant should also provide information for items 17 to 25. The last boxes are to be filled out at the Office of the Local Civil Registrar.)

Local Civil Registry No. 8600327 Registration Status 1  
 PROVINCE Cebu  
 CITY/MUNICIPALITY Seged  
 17. Weight of Birth (in grams) 9999 18. Birth Order of Child (Ex. First, second, etc.) 02  
 19a. Total Number of Children Born Alive 2 19b. How many children are now living including this birth? 2 19c. How many children were born alive but are now dead? 0  
 20. Usual Occupation Domestic 21. Age of the Child at Birth 99  
 22. Usual Residence (Barangay) Danalog (City/Municipality) Seged (Province) Cebu  
 23. Usual Occupation Employee 24. Age of the Mother at Birth 99  
 25. Attendant of Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife X 4 Healer 5 Other  
 Sex 2 Date of Birth 040686 Place of Birth 22475 Mother's Nationality 7 Father's Nationality 7  
 NAME OF CHILD  
 First M.I. Last  
R O S I Y N D S O L O M

RESERVE FOR BINDING