

(To be accomplished in triplicate)



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

93- 85

PROVINCE SOUTHERN LEYTE LOCAL CIVIL REGISTRY NO. _____

CITY/MUNICIPALITY SCOOD

1. NAME (First) JOSEFINA (Middle) SIERVO (Last) PILAPII

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female X 3. DATE OF BIRTH (Day) 22 (Month) Jan. (Year) 1993

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) SCOOD DISTRICT HOSPITAL (City/Municipality) SCOOD (Province) SOUTHERN LEYTE

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single X 2 Twin 3 Three or more b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second Third, 4th, etc.

6. MAIDEN NAME (First) JOSEFINA (Middle) CABAYUAN (Last) SIERVO 7. NATIONALITY Pil. 8. RELIGION Roman Catholic

9. NAME (First) CRUZ (Middle) JAVILLA (Last) PILAPII 10. NATIONALITY Pil. 11. RELIGION Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill affidavit of Acknowledgement at the back) Dec. 17, 1983 Manila

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at 7:21 p.m. o'clock a.m. / p.m. on the date stated above.

Signature _____ Address SCOOD DISTRICT HOSPITAL
Name in print DR. R. P. DELA CRUZ, M.D. SCOOD SOUTHERN LEYTE
Title or position PHYSICIAN OFFICER III Date Jan. 25, 1993

14. INFORMANT Signature JOSEFINA S. PILAPII Address MAKIBANS, SCOOD, SO., LEYTE
Name in print JOSEFINA S. PILAPII Date Jan. 23, 1993
Relationship to child MOTHER

15a. PREPARED BY Signature _____ b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print M. CLARA S. DESOY Signature _____
Title or position SEC. LEYTE Name in print _____
Date Jan. 25, 1993 Title or position _____
Date Jan. 25, 1993

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT d. DATE WHEN INFORMATION WAS SUPPLIED
Voluntarily Marie S. Pilapii Jan. 22, 1993 2030

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

PROVINCE Southern Leyte Local Civil Registry No. 93 08 088 Status 1
CITY/MUNICIPALITY SCOOD 15

CHILD { 17. Weight at Birth (in grams) 2,470 18. Birth Order of Child 4th
(in grams) 22 Ex. first, second, etc. 04

MOTHER { 19a. Total number of Children Born Alive 04 19b. How many children are now living including this birth? 04 19c. How many children were born alive but are now dead? 00
20. Usual Occupation Housewife 21. Age at the time of this Birth 28

FATHER { 22. Usual Residence (Barangay) MAKIBANS (City / Municipality) SCOOD (Province) SOUTHERN LEYTE

23. Usual Occupation Driver 24. Age at the time of this Birth 38

25. Attendant of Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Others

Sex Date of Birth Place of Birth Mother's Nationality Father's Nationality
2 12 01 93 08 07 0 1 1
44 45 51 56 57

NAME OF CHILD First M. I. Last
JOSEFINA MARIE S. PILAPII
58 70 71

RESERVED FOR BINDING

08917-1G-991MCR-03430-BI001

BEST POSSIBLE IMAGE



T080089179910343005312024001
RR900645445

BRen
06417-A93BN04-2

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

