



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

LOCAL CIVIL REGISTRY NO. 90 19

PROVINCE Cebu  
CITY/MUNICIPALITY TOLEDO CITY

1. NAME (First) MICHELLE (Middle) DEVILITO (Last) JAMANGYAN

2. SEX (Place 'X' on appropriate answer)  1 Male  2 Female

3. DATE OF BIRTH (Day) 22 (Month) DECEMBER (Year) 1989

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) SAGAY (City/Municipality) TOLEDO CITY (Province) Cebu

5a. TYPE OF BIRTH, (Place 'X' on appropriate answer)  1 Single  2 Twin  3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN (First) DOROTHEA (Middle) INSIGENBO (Last) FIL. 7. NATIONALITY FIL. 8. RELIGION R.CATH.

9. NAME (First) ROLY (Middle) JAMANGYAN (Last) FIL. 10. NATIONALITY FIL. 11. RELIGION R.CATH.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill affidavit of Acknowledgement at the back!) JANUARY 7, 1989 - CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 5:30 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address CARIBO OJAN, TOLEDO CITY  
Name in print ARSENINDATA P. ALQUERA RN. Date 1-2-90  
Title or position RN

14. INFORMANT  
Signature [Signature] Address CARIBO OJAN, TOLEDO CITY  
Name in print ARSENINDATA P. ALQUERA RN. Date 1-3-90  
Relationship to child [Blank]

15a. PREPARED BY  
Signature [Signature] Signature [Signature]  
Name in print ARSENINDATA P. ALQUERA RN. Name in print MARICEL CABURAN  
Title or position RN Title or position CIVIL REGISTRY OFFICER  
Date 1-3-90 Date [Blank]

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature] Signature [Signature]  
Name in print [Blank] Name in print MARICEL CABURAN  
Title or position [Blank] Title or position CIVIL REGISTRY OFFICER  
Date [Blank] Date [Blank]

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT [Blank] d. DATE WHEN INFORMATION WAS SUPPLIED 3310

(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)

Local Civil Registry No. 9008017 Registration Status 1  
15

PROVINCE Cebu  
CITY/MUNICIPALITY TOLEDO CITY

17. Weight of Birth (in grams) 3640 3640 18. Birth Order of Child I d  
Ex. first, second, etc. 20

19a. Total number of Children Born Alive I 22 b. How many children are now living including this birth? I 24 c. How many children were born alive but are now dead. 0 26

20. Usual Occupation RN 20 21. Age at the time of this Birth 19 19  
20 31

22. Usual Residence (Barangay) SAGAY (City/Municipality) TOLEDO CITY (Province) Cebu  
22517

23. Usual Occupation JAN PAINTER 38 24. Age at the time of this Birth 20 41  
38 41

25. Attendant of Birth (Place 'X' on appropriate answer)  
 1 Physician  2 Nurse  3 Midwife  4 Hilot  5 Others 3  
43

Sex  44  45 Date of Birth 22 12 89 Place of Birth 22 07 7 Mother's Nationality 1 Father's Nationality 1  
51 56 57

NAME OF CHILD  
First MICHELLE M.I. D Last JAMANGYAN  
58 70 71

RESERVE FOR BINDING

08181-OG-999CBC-05174-BI001

BEST POSSIBLE IMAGE



T089081819990517405262022001

VP200064304

BRen  
02251-A892N05-3

Documentary  
Stamp Tax Paid

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

