



(Copy for OCAG)

(To be accomplished in quadruplicate)

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, 3a, 3b and 3c.)

Province LANAO DEL NORTE Registry No. 2274-1079

City/Municipality ILIGAN CITY

1. NAME (First) JOSU (Middle) GONZALES (Last) JOVE

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) 22 (month) AUGUST (year) 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
GERONIMO T. LUPCH MEMORIAL HOSPITAL, PALA-O, ILIGAN CITY, LANAO DEL N

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
FOURTH (first, second, third, etc.)

d. WEIGHT AT BIRTH 4000 grams

6. MOTHER'S NAME (First) MARY GRACE (Middle) VIVAS (Last) GONZALES

7. CITIZENSHIP FILIPINO **8. RELIGION** ROMAN CATHOLIC

9a. 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

10. OCCUPATION HOUSEKEEPER **11. Age at the time of this birth:** 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
PUROK-6B, TIPANAY, ILIGAN CITY, LANAO DEL NORTE

13. FATHER'S NAME (First) WIDMARE (Middle) JAVIER (Last) JOVE

14. CITIZENSHIP FILIPINO **15. RELIGION** ROMAN CATHOLIC

16. OCCUPATION BUSINESSMAN **17. Age at the time of this birth:** 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 29, 2003-ILIGAN CITY, LANAO DEL NORTE

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Healer/Traditional Midwife 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 12:44 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Place PALA-O, ILIGAN CITY
 Name in Print SEBASTIAN HIGHONENDE ANDUYAN-TAFSIRHU, M.D.
 Title or Position ATTENDING PHYSICIAN Date AUGUST 25, 2004

20. INFORMANT
 Signature [Signature] Address TIPANAY, ILIGAN CITY
 Name in Print WIDMARE T. JOVE
 Relationship to the child FATHER Date AUGUST 25, 2004

21. PREPARED BY
 Signature [Signature]
 Name in Print ANNIE V. MUNDIAG
 Title or Position CASUAL CLERK
 Date AUGUST 25, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print MARIA PURA C. MASCARINAS
 Title or Position REGISTRATION OFFICER IV
 Date AUG 26 2004

REMARKS/ANNOTATION

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07695-82-704ADM-00216-BI002

BEST POSSIBLE IMAGE



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BReN
 03504-B04QN09-2

Documentary
 Stamp Tax Paid

CSM

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

