



(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, 5a, 5b and 10a.)

Province CEBU Registrar No. 99 32505
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
CHRISTINA LIDOT SARMIENTO

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
16 DECEMBER 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

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

6. BIRTH ORDER (five births and fetal deaths including this delivery) SECOND (first, second, third, etc.) **d. WEIGHT AT BIRTH**
3,280 grams

6. MAIDEN NAME (First) (Middle) (Last)
MILAGROS CANDIDO LIDOT

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

9a. Total number of children born alive: 2 **b. No. of children still living including this birth:** 2 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION HOUSEWIFE **11. Age at the time of this birth:** 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
438-B ROSAL ST., CAMPUTIAW, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
ERMIL INTO SARMIENTO

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

16. OCCUPATION WAITER **17. Age at the time of this birth:** 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JULY 18, 1998 CEBU CITY

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Helet (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 3:05 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY
Name in Print GEREVIVE CONCEPCION, M.D. Date DECEMBER 16, 1999
Title or Position PHYSICIAN

20. INFORMANT
Signature [Signature] Address 438-B ROSAL ST., CAMPUTIAW, CEBU CITY
Name in Print MILAGROS SARMIENTO Date DECEMBER 16, 1999
Relationship to the child MOTHER

21. PREPARED BY
Signature [Signature]
Name in Print JOCELYN B. ITCNU
Title or Position CLERK
Date DECEMBER 16, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ANIES O. DEJAPA
Title or Position CLERK
Date DEC 23 1999

(Copy for OCRG)

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9932505

42: 1

43: 2 161299

44: 22178

45: 1

46: 073250

47: 1 1

48: 07 07 00

49: 220 25

50: 22178

51: 1 1

52: 00122

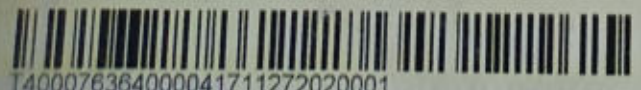
53: 532 20

54: 1 1

55: 12/23/99

07636-FF-400BLA-00417-BI001

BEST POSSIBLE IMAGE



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J0000051037

BReN
02217-A99ZG09-9

Documentary
Stamp Tax Paid

CSM

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

