

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, 6a and 19a.)

Province <u>Metre Manila</u>		Registry No. <u>05-4002</u>
City/Municipality <u>Pasay City</u>		
1. NAME (First) (Middle) (Last) <u>Abigail Grace Abellanes Garcia</u>		
2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>29 May 1995</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>AIR FORCE GENERAL HOSPITAL, Villamer Air Base, Pasay City</u>		
5a. TYPE OF BIRTH: <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3300</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>Luriana Rosalinda Abellanes</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>35</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Dayang-Dayang Apt., 67-J Recte St., Villamer Air Base, Pasay City</u>		
13. NAME (First) (Middle) (Last) <u>Marie Castro Garcia</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>
16. OCCUPATION <u>Company Guard</u>		17. Age at the time of this birth: <u>31</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
03 January 1994 - Talisay, Cebu City, Cebu

19a. ATTENDANT  
X 1 Physician 2 Nurse 3 Midwife  
4 Hilot (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 0954H o'clock am/pm on the date stated above.

Signature: \_\_\_\_\_  
Name in Print: WILLIAM P DURONGCO  
Title or Position: LT/ COL, (FAP) MD  
Address: AIR FORCE GENERAL HOSPITAL Villamer Air Base, Pasay City  
Date: 02 June 1995

20. INFORMANT  
Signature: \_\_\_\_\_  
Name in Print: Luriana A Garcia  
Relationship to the child: Mother  
Address: Dayang-Dayang Apt., 67-J Recte St., Villamer Air Base, Pasay City  
Date: 02 June 1995

21. PREPARED BY  
Signature: \_\_\_\_\_  
Name in Print: MSgt Alberto S Jensen PAF  
Title or Position: NCIC, A & D Section  
Date: 02 June 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature: \_\_\_\_\_  
Name in Print: SALANDANAT  
Title or Position: CLERK III  
Date: \_\_\_\_\_

For OCRG USE ONLY:  
Population Reference No.  
[ ]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 [ 9 5 0 4 0 0 2 ]

48 [ 1 ]

49 [ 2 ] 50 [ 2 9 0 5 9 ]

58 [ 7 6 0 5 9 ]

61 [ ]

62 [ 0 ] 64 [ 3 3 0 0 ]

68 [ ] 69 [ ]

70 [ 0 1 ] 72 [ 0 1 ] 74 [ 0 0 ]

76 [ 2 2 0 ] 79 [ 3 5 ]

81 [ 7 6 0 5 9 ]

86 [ ] 87 [ ]

88 [ 0 8 9 ] 91 [ 3 1 ]

93 [ ]

94 [ ]