

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 19a.)

Province CEBU
City/Municipality CEBU CITY

Registrar 20052550

[Signature]
OSCAR B. MOLO
REGISTRATION OFFICER IV

| | | | |
|---------------------------------|--|--|--|
| C H I L D | 1. NAME (First) (Middle) (Last) KIRSTY LAWRENCE NUEVO | | |
| | 2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female | 3. DATE OF BIRTH (day) (month) (year) 20 JANUARY 2005 | |
| P A R E N T S | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) C-30 MED. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU | | |
| | 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify | |
| M A I D E N | c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) SECOND | | d. WEIGHT AT BIRTH 3,600 grams |
| | 6. MAIDEN NAME (First) (Middle) (Last) MARISYL ROLUNA NUEVO | | |
| O T H E R | 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 |
| F A T H E R | 10. OCCUPATION ASSEMBLER | | 11. Age of the father at the time of this birth: 23 years |
| | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) LOREGA ST. CEBU CITY CEBU | | |
| M A T E R | 13. NAME (First) (Middle) (Last) UNKNOWN | | |
| | 14. CITIZENSHIP N.A. | | 15. RELIGION N.A. |
| | 16. OCCUPATION N.A. | | 17. Age at the time of this birth: N.A. years |

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

19a. ATTENDANT
 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 **9:55** o'clock **am**/pm on the date stated above.

Signature *[Signature]* **VIVIAN ALDINO, M.D.**
Name in Print **VIVIAN ALDINO, M.D.**
Title or Position **PHYSICIAN**
Address **C-30 MED. CENTER & MATERNITY HOUSE, INC., CEBU CITY**
Date **JANUARY 20, 2005**

20. INFORMANT
Signature *[Signature]*
Name in Print **MARISYL NUEVO**
Relationship to the child **MOTHER**
Address **LOREGA ST., CEBU CITY**
Date **JANUARY 20, 2005**

21. PREPARED BY
Signature *[Signature]*
Name in Print **MARIANI A. S. HERNANDEZ**
Title or Position
Date **JANUARY 20, 2005**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print **OSCAR B. MOLO**
Title or Position **Registration Officer IV**
Date

For CGRG USE ONLY
Population Reference No. _____

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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