



Copy for CDRG

Multiple Form No. 100 (To be accomplished in quadruplicate)  
 Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**  
 (To be accomplished accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 13a.)

Province BUKIDNON City/Municipality VALENCIA Registry No. 96-4215

**1. NAME** (First) (Middle) (Last)  
CHRISTINE CLAIRS PAEZ GUMBALAO

**2. SEX** 1 Male X 2 Female **3. DATE OF BIRTH** (day) (month) (year)  
11 November 1998

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
 Bukidnon Doctors Hospital, 120+, Bagontaan, Valencia, Bukidnon

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

**6. BIRTH ORDER** (Give births and fetal deaths including this delivery)  
 First (first, second, third, etc.) **d. WEIGHT AT BIRTH**  
3,345 grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
JAYLYN MACARIO PAEZ

**7. CITIZENSHIP** FILIPINO **8. RELIGION** BIBLE BAPTIST

**9a. Total number of children born alive** 1 **b. No. of children still living including this birth:** 1 **c. No. of children born alive but are now dead:** 0

**10. OCCUPATION** BUSINESSMAN **11. Age at the time of this birth:** 20 years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
Purok 4 Foblesion Valencia Bukidnon

**13. NAME** (First) (Middle) (Last)  
JOE SHERWIN TRADIO GUMBALAO

**14. CITIZENSHIP** FILIPINO **15. RELIGION** BIBLE BAPTIST

**16. OCCUPATION** BUSINESSMAN **17. Age at the time of this birth:** 24 years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
March 11, 1997 - Bible Baptist Church

**19a. ATTENDANT** X 1 Physician 2 Nurse 3 Midwife  
4 Healer (Traditional Midwife) 5 Others (Specify) \_\_\_\_\_

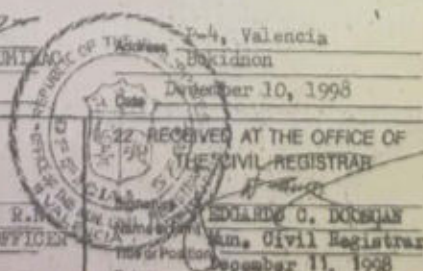
**19b. CERTIFICATION OF BIRTH**  
 (I hereby certify that I attended the birth of the child who was born alive at 6:35 o'clock am/pm on the date stated above.)

Signature [Signature] Address Valencia, Bukidnon  
 Name in Print MILNER H. SANCIAL, M.D.  
 Title or Position OBSTETRICIAN-GYNECOLOGIST Date December 10, 1998

**20. INFORMANT**  
 Signature [Signature] Address 4, Valencia, Bukidnon  
 Name in Print JOE SHERWIN T. GUMBALAO  
 Relationship to the child FATHER Date December 10, 1998

**21. PREPARED BY**  
 Signature [Signature] Address Valencia, Bukidnon  
 Name in Print EDUARDO C. DORSEAN  
 Title or Position MEDICAL RECORD OFFICER Date December 11, 1998

**REMARKS/ANNOTATION**  
 For CDRG USE ONLY  
 Population Reference No. 1321-A98XB04-4  
 TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR  
 41 9804215  
 42 1  
 43 2 111198  
 44 13219  
 45 1  
 46 013345  
 47 1 0  
 48 01 01 00  
 49 412 20  
 50 13219  
 51 1 0  
 52 412 24  
 53 1  
 54 1



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*CDSM*

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

Documentary  
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BEST POSSIBLE IMAGE



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