

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 15a.)

Province C E B U
City/Municipality ARGAO

Registry No.
2005 0779

REMARKS/ANNOTATION

| | | | | |
|--|--|--|--------|--|
| CHILD | 1. NAME (First) (Middle) (Last) <u>JESSEL</u> <u>ALBARANDO</u> <u>GETRESO</u> | | | |
| | 2. SEX <u>1</u> Male <u>X</u> 2 Female | 3. DATE OF BIRTH (day) (month) (year) <u>10</u> <u>June</u> <u>2005</u> | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Lenggon Argo Cebu</u> | | | |
| | 5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. | 5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____ | | |
| 6. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.) | | 7. WEIGHT AT BIRTH <u>3175</u> grams | | |
| 8. MAIDEN NAME (First) (Middle) (Last) <u>ANNA LISSA</u> <u>DECALE</u> <u>ALBARANDO</u> | | | MOTHER | |
| 9. CITIZENSHIP <u>FI.</u> | | 10. RELIGION <u>R.C.</u> | | |
| 11. Total number of children born alive: <u>8</u> | 12. No. of children still living including this birth: <u>2</u> | 13. No. of children born alive but are now dead: <u>0</u> | | |
| 14. OCCUPATION <u>housekeeper</u> | | 15. Age at the time of this birth: <u>31</u> years | | |
| 16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Lenggon Argo Cebu</u> | | | | |

| | | | |
|--------|---|--|--|
| FATHER | 17. NAME (First) (Middle) (Last) <u>JOSEAL</u> <u>REMANDO</u> <u>GELBERO</u> | | |
| | 18. CITIZENSHIP <u>FI.</u> | | 19. RELIGION <u>R.C.</u> |
| | 20. OCCUPATION <u>FARMER</u> | | 21. Age at the time of this birth: <u>28</u> years |

22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Oct. 10, 2001 Argo Cebu

23. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
X 4 Midwife (Traditional) 5 Others (Specify) _____

24. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11pm o'clock am/pm on the date stated above.

Signature _____ Address _____
Name in Print NATIVIDAD FLORES LENGGON-ARGAO-CEBU
Title or Position MIDWIFE _____ Date _____

25. INFORMANT
Signature [Signature] Address _____
Name in Print ROBERTO ALBARANDO LENGGON-ARGAO-CEBU
Relationship to the child GRANDFATHER & Date July 8, 2005

26. PREPARED BY
Signature [Signature]
Name in Print ROBERTO ALBARANDO
Title or Position GRANDFATHER
Date July 8, 2005

27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ELIZABETH E. SARMAGO
Title or Position MUN. CIVIL REGISTRAR
Date July 8, 2005

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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