



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate)

(To be completed accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 9a, 9b, and 10a.)

Province LARAO DEL NORTE		Registry No. 91-696		REMARKS/ANNOTATION TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
City/Municipality ILIGAN CITY				
CHILD'S RECORD	1. NAME (First) (Middle) (Last) VENKAR DENAINE ERORA		The OCRI USE ONLY - Population Reference No. 3204-895101-9 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
	3. DATE OF BIRTH (day) (month) (year) 12 SEPTEMBER 1998			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) GENESIO T. LIGDE MEDICAL HOSPITAL, PALA-O, ILIGAN CITY, LARAO DEL NORTE			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.			
	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Others, Specify			
	6. BIRTH ORDER (In 2 births and head births including this delivery) (first, second, third, etc.) FIRST			
	6. WEIGHT AT BIRTH 3200 grams			
	7. MOTHER'S NAME (First) (Middle) (Last) JULIE AYBUELA ERORA			
	8. CITIZENSHIP FILIPINO			
8. RELIGION ROMAN CATHOLIC				
9a. Total number of children born alive: 1				
9b. No. of children all being incurring this birth: 1				
9c. No. of children born alive but are now dead: 0				
10. OCCUPATION HOUSEWIFE				
10. Age at the time of this birth: 22 years				
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) PURSE-2 BRGY., TIRANGA, ILIGAN CITY, LARAO DEL NORTE				
13. NAME (First) (Middle) (Last) VENKAR				
14. CITIZENSHIP NOT APPLICABLE				
15. RELIGION NOT APPLICABLE				
16. OCCUPATION NOT APPLICABLE				
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 - <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Healer (Traditional Midwife) <input type="checkbox"/> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 9:16 A.M. o'clock on 12 SEP 1998 at the date stated above.				
Signature: <i>[Signature]</i> Address: PALA-O, ILIGAN CITY		Name in Print: MARLENA SUAREZ I. SUAREZ, M.D.		
Title or Position: ATTENDING PHYSICIAN		Date: SEPT. 14, 1998		
Signature: <i>[Signature]</i> Address: PK-2 BRGY. TIRANGA, ILIGAN CITY		Name in Print: JULIAN A. ERORA		
Title or Position: MOTHER		Date: SEPT. 14, 1998		
Signature: <i>[Signature]</i> Address: PK-2 BRGY. TIRANGA, ILIGAN CITY		Name in Print: MARTEL S. CADARUS		
Title or Position: CLERK IV		Date: SEPT. 14, 1998		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		Signature: <i>[Signature]</i>		
Name in Print: JULIAN A. ERORA		Title or Position: CLERK IV		
Date: SEPT. 14, 1998		Date: SEPT. 14, 1998		

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BEST POSSIBLE IMAGE



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[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office