



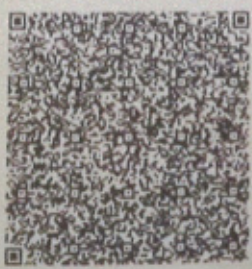
(To be accomplished in quadruplicate)

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 below the appropriate answer in items 2, 5a, 6, and 10a.)

Province <u>LEYTE</u>		Registry No. <u>801-1572</u>	REMARKS/ANNOTATION
City/Municipality <u>OROSO</u>			
1. NAME (First) (Middle) (Last) <u>JIAR</u> <u>DONKYHN</u> <u>TUMILAK</u>			For OCRG USE ONLY: Population Reference No. TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>8010101572</u> 42 <u>1</u> 43 44 <u>220301</u> 45 <u>020192</u> 46 <u>030201</u> 47 48 <u>1 1</u> 49 50 <u>01 1</u> 51 <u>0</u> 52 54 <u>030201</u> 53 55 <u>1 1</u> 56 57 58 <u>01 1 1260</u> 59 60 <u>9185 29</u> 61 <u>01</u> <u>04/24/94</u> 62 63 <u>01</u> <u>2503</u> 64 65 <u>01</u> <u>02/20/01</u>
2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (Day) (month) (year) <u>22</u> <u>March</u> <u>2001</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Oroso District Hospital</u> <u>Oroso</u> <u>Leyte</u>			
5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twins 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second 3 Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>third</u>		d. WEIGHT AT BIRTH <u>3.254</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>LORETA</u> <u>TUMILAK</u> <u>DOHRE</u>		7. CITIZENSHIP <u>Philippine</u>	
8. RELIGION <u>R. Catholic</u>		9a. Total number of children born alive: <u>3</u>	
9b. No. of children still living including this birth: <u>3</u>		9c. 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>30</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Mainit</u> <u>Merida</u> <u>Leyte</u>			
13. NAME (First) (Middle) (Last) <u>JOSE</u> <u>JUGUAN</u> <u>TUMILAK, JR.</u>		14. CITIZENSHIP <u>Philippine</u>	
15. RELIGION <u>R. Catholic</u>		16. OCCUPATION <u>driver</u>	
17. Age at the time of this birth: <u>29</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 24, 1994 - Pto. Boile, Badela, Com.</u>			
19a. ATTENDANT 1 <input checked="" type="checkbox"/> Physician 2 Nurse 3 Midwife 4 Heil (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 <u>3:40 a.m.</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Name in Print <u>MARGITA L. BAPISTAYAN, M.D.</u> Address <u>Oroso District Hospital</u> Title or Position <u>Medical Officer IV</u> Date <u>March 27, 2001</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Mainit, Merida, Leyte</u> Name in Print <u>JOSE J. TUMILAK, JR.</u> Relationship to the child <u>father</u> Date <u>March 27, 2001</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE S. CULINA</u> Title or Position <u>Clerk I</u> Date <u>3-27-2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Signature]</u> Title or Position <u>[Signature]</u> Date <u>3-27-2001</u>	

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