



REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: CEBU
City or Municipality: SCOOD

Register Number:
(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 164-d-82

1. PLACE OF BIRTH
a. Province CEBU
b. City or Municipality SCOOD
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) THAN B. ROSARIO MEMORIAL HOSPITAL
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes No

1. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province CEBU
b. City or Municipality SCOOD
c. NUMBER AND STREET SAN ISIDRO 15
d. IS RESIDENCE INSIDE CITY LIMITS? Yes No e. IS RESIDENCE ON A FARM? Yes No

2. NAME (Type or print)
First MILVER VINCENT Middle COMPANERO Last FLORES
3. SEX: a. THIS BIRTH Single Twin Triplet b. IS TWIN OR TRIPLET WAS CHILD 1st 2nd 3rd c. DATE OF BIRTH Month 4 Day 5 Year 82

4. NAME (Type or print)
First OTYVER Middle FRITZ Last FLORES
5. AGE (At time of this birth) Years 8
6. BIRTHPLACE CEBU
7. USUAL OCCUPATION WRITER
8. KIND OF BUSINESS OR INDUSTRY 1

9. MAIDEN NAME (Type or print)
First MILAGROS Middle PHARMACY Last COMPANERO
10. AGE (At time of this birth) Years 24 yrs.
11. BIRTHPLACE PAIKER, SCOOD, CEBU

8. NATIONALITY FILIPINO
9a. RACE BRWN
12. NATIONALITY FILIPINO
13a. RACE BRWN
14. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 0
15. How many children are now living? 0
16. How many other children were born alive but are now dead? 0
17. How many fet. deced. or born dead some time after conception? 0

17. INFORMANT'S SIGNATURE: [Signature]
a. NAME IN PRINT: MILAGROS B. FLORES
b. ADDRESS: SAN ISIDRO, SCOOD, CEBU
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
SAN ISIDRO, SCOOD, CEBU

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive on the 5th day of April 1982 at SCOOD on the date above indicated.
a. SIGNATURE: [Signature]
b. NAME IN PRINT: DR. TANAYA VICTORIA
c. ADDRESS: THAN B. ROSARIO MEMORIAL HOSPITAL

19. DATE SIGNED BY ATTENDANT OF BIRTH: 4/5/82
20. TITLE OF ATTENDANT AT BIRTH:
 M.D. Midwife
 Nurse Other (Specify) _____

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE: [Signature]
b. NAME IN PRINT: _____
c. TITLE OR POSITION: _____
d. DATE: _____

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: (3600)
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 4/5/82

22. LENGTH OF PREGNANCY 36 COMPLETED WEEKS.
23. WEIGHT AT BIRTH 5 lbs 22 Oz

23. LEGITIMATE Yes No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
Month JULY Day 26 Year 1981
City or Municipality SCOOD Province CEBU

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: [Signature]
NAME IN PRINT: SAMBA H. BILIBISA
TITLE OF POSITION: WILLIAM FLORES
DATE: APRIL 5, 1982

10-230 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

4740

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION.

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BRen [02247-A82G501-0]

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

Documentary Stamp Tax Paid

