



Republic of the Philippines
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 19a.)

Province <u>CEBU</u>		Registry No. <u>94-26614</u>
City/Municipality <u>CEBU CITY</u>		
1. NAME (First) (Middle) (Last) <u>MA. RHELA DALIN ARIGO</u>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>20 November 1994</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUER. CENTER & MATERNITY HOUSE INC., CEBU CITY, CEBU</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>SECOND</u>		d. WEIGHT AT BIRTH <u>2,800</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>MARILOU PEPITO DALIN</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>company worker</u>		11. Age at the time of this birth: <u>25</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>425 Tabataba St., Tuburan, Cebu</u>		
13. NAME (First) (Middle) (Last) <u>ELMER CALISTON ARIGO</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>none</u>		17. Age at the time of this birth: <u>32</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 6, 1993 Danao City</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:45</u> o'clock am/pm on the date stated above.		
Signature <u>C. Rosario</u> Name in Print <u>CONCEPCION P. ROSARIO, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUER. CENTER & MATERNITY HOUSE INC., CEBU CITY</u> Date <u>November 20, 1994</u>
Signature <u>M. Arigo</u> Name in Print <u>MARILOU D. ARIGO</u> Relationship to the child <u>mother</u>		Address <u>425 Tabataba St., Tuburan, Cebu</u> Date <u>November 20, 1994</u>
Signature <u>Stanley S. Libor</u> Name in Print <u>STANLEY S. LIBOR</u> Title or Position <u>CLERK</u> Date <u>November 20, 1994</u>		Signature <u>Rida A. ...</u> Name in Print <u>RIDA A. ...</u> Title or Position <u>CLERK</u> Date <u>November 20, 1994</u>

FOR OCRG USE ONLY
Population Reference No. _____

TO BE FILED AT THE OFFICE OF THE CIVIL REGISTRAR

41. 94 26614

42. 1

43. 2 20 11 94

44. 22 138

45. 1

46. 02 2800

47. 1

48. 1

49. 02 02 00

50. 820 25

51. 2 15 25

52. 1

53. 1

54. 290 30

55. 010493

56. 4390

57. 22 234

58. 1

59. 11 22 94

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POSSIBLE IMAGE



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Carmelita N. Erieta
CARMELITA N. ERICETA
Administrator and Civil Registrar General