

(To be accomplished in quadruplicate)

PSM/PWS/ASSISTANTS

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, 9a and 15a.)

Province Cebu  
City/Municipality Calape

Registry No. 20-2-1916

CHILD	1. NAME (First) (Middle) (Last) <u>JOHN</u> <u>MARK H</u> <u>SECRETARIA</u>
	2. SEX <u>1</u> Male <u>X</u> 2 Female
	3. DATE OF BIRTH (day) (month) (year) <u>14</u> September <u>2000</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Calape</u> <u>Calape</u> <u>Cebu</u>
MOTHER	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.
	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>7th</u> (first, second, third, etc.)
	d. WEIGHT AT BIRTH <u>2722</u> grams
FATHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Teira</u> <u>de</u> <u>Alis</u> <u>Abobon</u>
	7. CITIZENSHIP <u>Filipino</u>
	8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>7</u>
OTHER	b. No. of children still living including this birth: <u>6</u>
	c. No. of children born alive but are now dead: <u>1</u>
	10. OCCUPATION <u>Housekeeper</u>
	11. Age at the time of this birth: <u>37</u> years
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Calape</u> <u>Calape</u> <u>Cebu</u>
	13. NAME (First) (Middle) (Last) <u>Antonio</u> <u>Abobon</u> <u>Abobon</u>
	14. CITIZENSHIP <u>Filipino</u>
	15. RELIGION <u>Roman Catholic</u>
OTHER	16. OCCUPATION <u>Farmer</u>
	17. Age at the time of this birth: <u>30</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 31, 1980 - Malabon City, Cebu</u>
	19a. ATTENDANT <u>3</u> Midwife <u>2</u> Nurse <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 10:00 o'clock  
am/pm on the date stated above.

Signature Anna Teira  
Name in Print ANNA TEIRA  
Title or Position MIDWIFE

Address Calape, Cebu  
Date October 13, 2000

20. INFORMANT  
Signature Elaine Teira  
Name in Print ELAINE TEIRA  
Relationship to the child mother

Address Calape, Cebu  
Date October 13, 2000

21. PREPARED BY  
Signature [Signature]  
Name in Print REYNALDO B. SORIANO  
Title or Position CIVIL REGISTRAR  
Date October 13, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature REYNALDO B. SORIANO  
Name in Print CIVIL REGISTRAR  
Title or Position CIVIL REGISTRAR  
Date October 13, 2000

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