



(To be accomplished in quadruplicate)

Republic of the Philippines  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH**  
(To be completed, submitted and signed, one for or by mother, one for father, one for the appropriate agency in Items 5, 6, 7, 8 and 15.)

Province OSIS Registry No. 20022684

City/Municipality OSIS CITY

|   |   |   |   |  |
|---|---|---|---|--|
| CHILD   | 1. NAME (First Middle Last)<br><u>JERICA GOMEZ</u>  | 2. SEX<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  | 3. DATE OF BIRTH (day month year)<br><u>13 JAN 2002</u> | REMARKS/ANNOTATION                                   |
|   | 4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) (City/Municipality) (Province)<br><u>OSIS CITY MEDICAL CENTER OSIS CITY OSIS</u>  | 5. TYPE OF BIRTH (a) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc. (b) IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify) |   |  |
|   | 6. MAIDEN NAME (First Middle Last)<br><u>ATILIO GOMEZ</u>   | 7. CITIZENSHIP <u>PHIL</u>  | 8. RELIGION <u>ROMAN CATHOLIC</u>                       |  |
|   | 9. BIRTH ORDER (Give births and fetal deaths including this delivery) (First, Second, Third, etc.)<br><u>2ND</u>  | 10. OCCUPATION <u>PROFESSOR</u>   | 11. AGE AT THE TIME OF THIS BIRTH (years)<br><u>27</u>  |  |
| MOTHER  | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)<br><u>8519 DOMINICO ST. OSIS CITY OSIS</u>   | 13. NAME (First Middle Last)<br><u>ATILIO GOMEZ</u>   | 14. CITIZENSHIP <u>R/A</u>                              | TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR |
|   | 15. RELIGION <u>R/A</u>   | 16. OCCUPATION <u>R/A</u>   | 17. AGE AT THE TIME OF THIS BIRTH (years)<br><u>37</u>  |  |
|   | 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br><u>R/A</u>  |   |   |  |
|   | 19. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Healer (Traditional Medicine) <input type="checkbox"/> Other (Specify) |   |   |  |
| 20. CERTIFICATION OF BIRTH<br>I hereby certify that I attended the birth of the child who was born alive at <u>10:30 PM</u> o'clock on the date stated above.<br>Signature <u>Juan A. Garcia A.P.</u> Address <u>INCORPORATED AVENUE OSIS CITY OSIS</u><br>Name in Print <u>JUAN A. GARCIA</u> Date <u>JAN 13 2002</u><br>Title or Position <u>MD</u> |   |   |   |  |
| 21. INFORMANT<br>Signature <u>Attilio Gomez</u> Address <u>859 DOMINICO ST. OSIS CITY OSIS</u><br>Name in Print <u>ATILIO GOMEZ</u> Date <u>JAN 13 2002</u><br>Relationship to the child <u>FATHER</u>  |   |   |   |  |
| 22. PREPARED BY<br>Signature <u>Attilio Gomez</u> Name in Print <u>ATILIO GOMEZ</u> Title or Position <u>MD</u> Date <u>JAN 13 2002</u>   |   | 23. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR<br>Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>[Date]</u>   |   |  |

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

