

Revised January 1993

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, 5b and 19a.)

Province CEBU City/Municipality CEBU CITY Registrar's Code 30332

1. NAME (First) SAMUEL (Middle) BODE (Last) JAYME JR.

2. SEX XX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 27 NOVEMBER 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) THIRD d. WEIGHT AT BIRTH 2.475 grams

6. MAIDEN NAME (First) (Middle) (Last) LEONENA AGUNCILLO BODE

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: Three b. No. of children still living including this birth: Three c. No. of children born alive but are now dead: None

10. OCCUPATION CLERK IV 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
RIZAL AVENUE EXT 7 TAGUNOD, BASAK, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last) SAMUEL GOBOL JAYME

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TECHNICIAN 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 15, 1990, CEBU CITY, CEBU

19a. ATTENDANT XX 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional/Herbal) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 10:42 A.M. on the 27 day of NOVEMBER 1999 at CHONG HUA HOSPITAL in CEBU CITY, CEBU.)

Signature [Signature] Address e/o Chong Hua Hospital, RIZAL AVENUE EXT 7, TAGUNOD, BASAK, CEBU CITY  
Name in Print DR. GREGORIO A. BULLON Date NOVEMBER 30, 1999  
Title or Position Attending Physician

20. INFORMANT Signature [Signature] Address Rizal Avenue Ext 7, Tagunod, Basak, Cebu City  
Name in Print SAMUEL G. JAYME Date November 30, 1999  
Relationship to the child FATHER

21. PREPARED BY Signature [Signature] Address [Address]  
Name in Print MARFARDINA I. GERON Date November 30, 1999  
Title or Position CLERK

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature] Address [Address]  
Name in Print CEBUILLA Date DEC 18 1999  
Title or Position REGISTRAR GENERAL

For OCR use only:  
Population Statistics  
9930332  
271199  
27178  
032475  
030300  
38934  
27178  
00049  
11246

04640-00-400ADT-00898-BI001

BEST POSSIBLE IMAGE



T400046404000089809142012001

UH300040227

BReN

02217-A99WT17-2

Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERICTA

Administrator and Civil Registrar General  
National Statistics Office

