



REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

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

Province: Cebu City or Municipality: Cebu City Register Number: 168 (A-15)

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. PROVINCE	<u>Cebu</u>	a. PROVINCE	<u>Cebu</u>	<u>22/78</u>
b. CITY or MUNICIPALITY	<u>Cebu City</u>	b. CITY or MUNICIPALITY	<u>Mandaue City</u>	<u>22307</u>
c. NAME OF HOSPITAL or INSTITUTION (If not in hospital, give street address) <u>Cebu (Velez) Gen. Hospital</u>		c. NUMBER AND STREET <u>H. Cortes St., Wireless</u>		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME (Type or print)				
First	Middle	Last		
<u>JORANNA</u>	<u>CAETE</u>	<u>LESCON</u>	<u>08</u>	
4. SEX	5a. THIS BIRTH	5b. IF TWIN or TRIPLET, WAS CHILD		6. DATE OF BIRTH
<u>Female</u>	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		Month <u>August</u> 2 Year <u>1983</u>

7. NAME		8. NATIONALITY		9. RACE	
First	Middle	Last			
<u>Artenio</u>	<u>Syalay</u>	<u>Inocen</u>	<u>RC</u>	<u>Filipino</u>	<u>Brown</u>
10. AGE (At time of this birth)	11. BIRTHPLACE	12. USUAL OCCUPATION		13. KIND OF BUSINESS or INDUSTRY	
<u>35 Years</u>	<u>San Roque, Cebu</u>	<u>Laborer</u>			

12. MAIDEN NAME			13. NATIONALITY		13c. RACE	
First	Middle	Last				
<u>Alma</u>	<u>Padron</u>	<u>Caete</u>	<u>RC</u>	<u>Filipino</u>	<u>Brown</u>	<u>35</u>
14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)				
<u>30 Years</u>	<u>Cebu City</u>	<u>2</u> <u>999</u>				

17a. INFORMANT'S SIGNATURE			17b. How many children are now living?			17c. How many other children were born alive but are now dead?			17d. How many late deaths (fetus) born dead any time after conception?		
<u>Alma Lescon</u>			<u>2</u>			<u>0</u>			<u>0</u>		
17b. NAME IN PRINT:			17c. ADDRESS:			18. MOTHER'S MAILING ADDRESS: (Number, Street City or Municipality, Province)					
<u>ALMA LESCON</u>			<u>Cebu (Velez) General Hospital</u>			<u>30</u>					

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was delivered at <u>1:20</u> o'clock <u>A.M.</u> on the date <u>8/30/83</u> as indicated		d. DATE SIGNED BY ATTENDANT AT BIRTH: <u>30</u>	
3. SIGNATURE: <u>[Signature]</u>		e. TITLE OF ATTENDANT AT BIRTH: <u>30</u>	
4. NAME IN PRINT: <u>Hypatia Velez, M.D.</u>		<input type="checkbox"/> M.D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify)	
5. ADDRESS: <u>Cebu (Velez) General Hospital</u>			

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT	
a. SIGNATURE: <u>[Signature]</u>		b. DATE WHEN GIVEN NAME WAS SUPPLIED: <u>29</u>	
b. NAME IN PRINT: <u>[Name]</u>			
c. TITLE or POSITION: <u>[Title]</u>			
d. DATE: <u>8/30/83</u>			

22a. LENGTH OF PREGNANCY		22b. WEIGHT AT BIRTH		23. LEGITIMATE	
<u>30</u> Completed Weeks <u>3 days</u>		<u>7</u> Lbs <u>6</u> Oz		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06</u>	

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)			25. THIS CERTIFICATE IS PREPARED BY:		
Month <u>January</u> Day <u>17</u> , Year <u>1977</u>			SIGNATURE: <u>[Signature]</u>		
(Month) <u>Cebu City</u> (Date) (Year) <u>Cebu</u>			NAME IN PRINT: <u>Paris P. Mantos</u>		
City or Municipality Province			TITLE or POSITION: <u>[Title]</u>		
			DATE: <u>August 2, 1983</u>		

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE



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Carmelita N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office