



142 - (Revised - Dec. 4, 1971)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: CEBU City or Municipality: CEBU CITY Register Number: (a) Civil Registrar-General No. 3907 (b) Local Civil Registrar No. 3907

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. Province	<u>CEBU</u>	a. Province	<u>CEBU</u>
b. City or Municipality	<u>CEBU CITY</u>	b. City or Municipality	<u>CEBU CITY</u>
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		4. NUMBER AND STREET	
<u>SOUTHERN ISLANDS HOSPITAL</u>		<u>258-D Jones Avenue Cebu City</u>	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS?		5. IS RESIDENCE ON A FARM?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

6. NAME (Type of child)		7. MIDDLE		8. LAST	
<u>IRENE</u>		<u>BILARDO</u>		<u>AROMBO</u>	
9. SEX	10. THIS BIRTH	11. IF TWIN OR TRIPLET, WAS CHILD		12. DATE OF BIRTH	
<u>Female</u>	<u>SINGLE</u> <input checked="" type="checkbox"/> <u>TWIN</u> <input type="checkbox"/> <u>TRIPLET</u> <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		Month <u>Mar</u> Day <u>10</u> Year <u>1972</u>	

7. NAME		8. NATIONALITY		9. RACE	
First	<u>Not Applicable</u>	Middle	<u>Not Applicable</u>	Last	<u>Not Applicable</u>
10. AGE (At time of this birth)		11. USUAL OCCUPATION		12. KIND OF BUSINESS OR INDUSTRY	
Years <u>19</u>					

13. MAIDEN NAME		14. AGE (At time of this birth)		15. BIRTHPLACE	
First	<u>Paulina</u>	Middle	<u>Bilardo</u>	Last	<u>Arombo</u>
16. PREVIOUS DELIVERIES TO MOTHER (Do not include stillbirths)		17. How many children are now living?		18. How many other children were born alive but are now dead?	
<u>0</u>		<u>0</u>		<u>0</u>	

19. INFORMANT'S SIGNATURE		20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY	
Name in Print: <u>PAULINA AROMBO</u>		Signature: <u>[Signature]</u>	
Address: <u>258-D Jones Avenue Cebu City</u>		Name in Print: <u>[Name]</u>	

21. I HEREBY CERTIFY that I attended the birth of the child who was born alive at <u>12:15</u> o'clock on <u>March 10</u> 19 <u>72</u> .		22. DATE SIGNED BY ATTENDANT AT BIRTH: <u>March 10 1972</u>	
23. SIGNATURE: <u>EDGARDO ARAGON M.D.</u>		24. TYPE OF ATTENDANT AT BIRTH: <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify) <u>05:00</u>	
25. NAME IN PRINT: <u>SOUTHERN ISLANDS HOSPITAL</u>		26. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: <u>[None]</u>	
27. ADDRESS: <u>[None]</u>		28. DATE WHICH GIVEN NAME WAS SUPPLIED: <u>[None]</u>	

29. LENGTH OF PREGNANCY COMPLETED WEEKS: <u>36</u>		30. WEIGHT AT BIRTH: <u>3</u> Lbs. <u>6</u> Oz.	
31. DATE AND PLACE OF MARRIAGE OR PARTNERSHIP (For legitimate birth)		32. LEGITIMATE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Not Applicable</u>			

33. DATE AND PLACE OF MARRIAGE OR PARTNERSHIP (For illegitimate birth)		34. THIS CERTIFICATE IS PREPARED BY	
<u>Not Applicable</u>		Signature: <u>[Signature]</u>	
		Name in Print: <u>EDGARDO ARAGON</u>	
		Title or Position: <u>PHYSICIAN</u>	
		Date: <u>MARCH 10 1972</u>	

35. DATE AND PLACE OF MARRIAGE OR PARTNERSHIP (For illegitimate birth)

36. THIS CERTIFICATE IS PREPARED BY

37. SIGNATURE: [Signature]

38. NAME IN PRINT: EDGARDO ARAGON

39. TITLE OR POSITION: PHYSICIAN

40. DATE: MARCH 10 1972

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS

06554-C5-400VSB-00653-B1001

BRn 02217-A72FAOU-5

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