

(Copy for OCRG)



Republic of the Philippines  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH**  
 (To be accomplished in quadruplicate)  
 Fill out completely, accurately and legibly. Use ink or typewriter.  
 Place X before the appropriate answer in items 2, 5a, 6b and 15a.

REMARKS/ANNOTATION

Province COMPOSTELA Registry No. 2070-4/3  
 City/Municipality \_\_\_\_\_

1. NAME (First) STEPHIE (Middle) ANNA MARICANG (Last) BOCO  
 2. SEX Female 3. DATE OF BIRTH (day) 21 (month) July (year) 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
Patena Compostela Cebu  
 5a. TYPE OF BIRTH 1 Single X 2 Twin 0 3 Triplet, etc. 0  
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First X 2 Second 0 3 Others, Specify \_\_\_\_\_  
 c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH 2700 grams

6. MAIDEN NAME (First) Steph (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
 7. CITIZENSHIP Phil. 8. RELIGION RC

9a. Total number of children born alive: 5 b. No. of children still living including this birth: 5 c. No. of children born alive but are now dead: 0  
 10. OCCUPATION \_\_\_\_\_ 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Patena Compostela Cebu

13. NAME (First) Jocelle (Middle) \_\_\_\_\_ (Last) BOCO  
 14. CITIZENSHIP Phil. 15. RELIGION RC  
 16. OCCUPATION Laborer 17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Dec. 18, 1999 Compostela, Cebu

19a. ATTENDANT 1 Physician 0 2 Nurse 2 3 Midwife 0  
 4 Hilot (Traditional Midwife) 0 5 Others (Specify) \_\_\_\_\_

19b. CERTIFICATION OF BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at 6:30 o'clock am/pm on the date stated above.

Signature \_\_\_\_\_ Address \_\_\_\_\_  
 Name in Print CLARE DENNIS S. MAPA  
 Title or Position NSA Date \_\_\_\_\_

20. INFORMANT  
 Signature \_\_\_\_\_ Address Estaca, Compostela Cebu  
 Name in Print Steph Boco  
 Relationship to the child MOTHER Date Aug. 11, 2000

21. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in Print AMELIA M. C. DABALOS  
 Title or Position NSA Date Aug. 11, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in Print STEPH ANNA MARICANG BOCO  
 Title or Position \_\_\_\_\_ Date Aug. 11, 2000

For OCRG USE ONLY:  
 Population Reference No. 2218-B00NQ01-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 6000413  
 48 1  
 49 50 1 240700  
 54 22186  
 51 1  
 52 54 05 2760  
 58 59 1 1  
 70 72 74 05 05 00  
 76 79 220 31  
 81 22186  
 86 87 1 1  
 88 91 999 29  
 93 1  
 94 000028  
3

07877-GB-400RCD-00812-BI007  
 BEST POSSIBLE IMAGE



BRen  
 02218-B00NQ01-5

Documentary  
 Stamp Tax Paid

*CDsm*  
 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

