



(To be accomplished in quadruplicate)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Print in block the appropriate answer in items 2, 5a, 5b and 13a.)

Province ZAMBOANGA DEL SUR Registry No. 2-04-4860

City/Municipality PAGADIAN CITY

CHILD	1. NAME (First) <u>IBRAHIM LOVS</u> (Middle) <u>ARWA</u> (Last) <u>ABO-ABO</u>	REMARKS/ANNOTATION	
	2. SEX <u>X</u> <u>0</u> 1 Male 2 Female		3. DATE OF BIRTH (Year) (Month) (Day) <u>16</u> <u>OCTOBER</u> <u>2005</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>MACASING, PAGADIAN CITY, ZAMBOANGA DEL SUR</u>		
	5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others. Specify
	c. BIRTH ORDER (Five births and fetal deaths including this delivery) <u>5th</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>1814</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>LEONILA GALADAGA ARWA</u>		
MOTHER	7. CITIZENSHIP <u>FILIPINO</u> 8. RELIGION <u>IGLESIA NI KRISTO</u>	REMARKS/ANNOTATION	
	9a. Total number of children born alive: <u>5</u> b. No. of children still living including this birth: <u>5</u> c. No. of children born alive but are now dead: <u>0</u>		
	10. OCCUPATION <u>HOUSEKEEPER</u> 11. Age at the time of this birth: <u>46</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MACASING, PAGADIAN CITY, ZAMBOANGA D.L. SUR</u>		
	13. NAME (First) (Middle) (Last) <u>VICTOR ARWA ARWA-ABO</u>		
FATHER	14. CITIZENSHIP <u>FILIPINO</u> 15. RELIGION <u>IGLESIA NI KRISTO</u>	REMARKS/ANNOTATION	
	16. OCCUPATION <u>FARMER</u> 17. Age at the time of this birth: <u>50</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>OCTOBER 05, 1976 - PAGADIAN CITY</u>		
19a. ATTENDANT 1 Physician <u>X</u> 2 Nurse 3 Midwife 4 Midot (Traditional Midwife) 5 Others (Specify)		REMARKS/ANNOTATION	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10: A.M</u> o'clock am/pm on the date stated above.			
Signature <u>Isadora Balili</u> Address <u>MACASING, PAGADIAN CITY</u> Name in Print <u>ISADORA BALILI</u> Title or Position <u>TRAD. MIDWIFE</u> Date <u>NOVEMBER 29, 2005</u>			
20. INFORMANT Signature <u>Isadora Balili</u> Address <u>MACASING, PAGADIAN CITY</u> Name in Print <u>ISADORA BALILI</u> Relationship to the child _____ Date <u>NOVEMBER 29, 2005</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>NETILIA T. MONCUBERTO</u> Title or Position <u>CLERK</u> Date <u>NOVEMBER 29, 2005</u>		REMARKS/ANNOTATION	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LEONARDO C. ACCERD</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>12-12-05</u>			

05757-3F-729EDR-00095-BI007

BEST POSSIBLE IMAGE



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BReN

07322-B05VG04-7

Documentary Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

