



(To be encircled in quadruplicate)

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

Use ink exclusively, accurately and legibly. Use ink or typewriter. Do not use blue or purple ink. Do not use ballpoint pen.

Province _____
City/Municipality **PAGADIAN CITY** Registry No. **204-4860**

1. NAME (Last) **IBRAH LOVE** (Middle) **ARNA** (First) **ABO-JUD**

2. SEX Male Female **3. DATE OF BIRTH** (Day) (Month) (Year) **10 OCTOBER 2005**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
MAGASING, PAGADIAN CITY, ZAMBANGA DEL SUR

5a. TYPE OF BIRTH Single Twin Triplet, etc. **b. IF MULTIPLE BIRTH, CHILD WAS** 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

c. BIRTH ORDER (Five births and fetal deaths including the delivery) (First, second, third, etc.) **5th** **d. WEIGHT AT BIRTH** **1814** grams

6. MOTHER'S NAME (First) **LEXNILA** (Middle) **GALADAGA** (Last) **ARNA**

7. CITIZENSHIP **FILIPINO** **8. RELIGION** **ICLUSIA NI CRISTO**

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 **HOUSEKEEPER** **11. Age at the time of this birth:** **46** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
MAGASING, PAGADIAN CITY, ZAMBANGA DEL SUR

13. NAME (Last) **VICTOR** (Middle) **ARNA** (First) **ARNA**

14. CITIZENSHIP **FILIPINO** **15. RELIGION** **ICLUSIA NI CRISTO**

16. OCCUPATION **FARMER** **17. Age at the time of this birth:** **50** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment, Address on of Paternity at the back.)
OCTOBER 05, 1976 - PAGADIAN CITY

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **10:11 A.M.** o'clock on the date stated above.
Signature *Victoria Balili* Address **MAGASING, PAGADIAN CITY**
Name in Print **ROSEMARY BALILI**
Title or Position **TRAD. MIDWIFE** Date **NOVEMBER 29, 2005**

20. INFORMANT
Signature *Victoria Balili* Address **MAGASING, PAGADIAN CITY**
Name in Print **ROSEMARY BALILI**
Title or Position **TRAD. MIDWIFE** Date **NOVEMBER 29, 2005**

21. PREPARED BY
Signature *Regina T. Noncerno*
Name in Print **REGINA T. NONCERNO**
Title or Position **CLERK**
Date **NOVEMBER 29, 2005**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *Leonardo C. Acosta*
Name in Print **LEONARDO C. ACOSTA**
Title or Position **CITY CIVIL REGISTRAR**
Date **12-12-05**

REMARKS/ANNOTATION
2005

05757-3F-729EDR-00095-BI007
BEST POSSIBLE IMAGE
72905757290009510062015007
UJ500564107

BReN
07322-805VG04-7
Documentary
Stamp Tax Paid

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