



CERTIFICATE OF LIVE BIRTH

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

Register Number:

(a) Civil Registrar-General No. 7685
(b) Local Civil Registrar No. 7685

Province: Leyte
City or Municipality: Ormoc

1. PLACE OF BIRTH
a. PROVINCE: Leyte
b. CITY OR MUNICIPALITY: Ormoc
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Ormoc General Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?
Yes No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. PROVINCE: Leyte
b. CITY OR MUNICIPALITY: Ormoc
c. NUMBER AND STREET: Bo. San Isidro
d. IS RESIDENCE INSIDE CITY LIMITS?
Yes No
e. IS RESIDENCE ON A FARM?
Yes No

3. NAME (Type or print) First: ANDREW Middle: HILLOSSES Last: HILLOSSES

6. DATE OF BIRTH: 2, 1954
Month: May Day: 2

4. SEX: M
5a. TYPE BIRTH: SINGLE TWIN TRIPLET
5b. 1st TWIN OR TRIPLET, WAS CHILD: 1st 2nd 3rd

8. NATIONALITY: P.I.
9a. RACE: M

7. NAME: Alfredo Middle: RAYES Last: HILLOSSES
9. AGE (At time of this birth) Years: 19
10. BIRTHPLACE: Iloilo City

11a. USUAL OCCUPATION: Engineer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MAIDEN NAME: Rosenda Middle: HADERA Last: HILLOSSES
14. AGE (At time of this birth) Years: 21
15. BIRTHPLACE: Ormoc City

18. PREVIOUS DECLARATIONS TO NOTICE (Do not include this birth)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many still deaths (within born dead any time after) applied?

17a. INFORMANT'S SIGNATURE: Rosenda R. HillosSES
b. NAME IN PRINT: ROSENDA R. HILLOSSES
c. ADDRESS: Bo. San Isidro, Ormoc City

18. MOTHER'S MAILING ADDRESS: Bo. San Isidro, Ormoc City

19. I HEREBY CERTIFY that I attended the birth of this child who was born above at 2:30 o'clock P.M. of the date above indicated.
a. SIGNATURE: MARGARITA T. ANINO, M.D.
b. NAME IN PRINT: MARGARITA T. ANINO, M.D.
c. ADDRESS: Orm

20. ATTENDANT AT BIRTH
a. DATE SERVED BY ATTENDANT AT BIRTH:
b. TITLE OF ATTENDANT AS BORN:
 M. D. MIDWIFE
 NURSE OTHER (Specify):
21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED:

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT:
c. TITLE OR POSITION:
d. DATE:

22a. LENGTH OF PREGNANCY: 39 Completed Weeks
22b. WEIGHT AT BIRTH: 8 Lbs. Oz.

23. LOUDESTRA: Yes No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
Date: June 8, 1952
City or Municipality: Orm

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: Carmelita N. Erica
NAME IN PRINT: CARMELITA N. ERICATA
TITLE OR POSITION: Administrator and Civil Registrar General
DATE:

SPACE FOR MEDICAL AND HEALTH RECORDS FOR SPECIAL PURPOSES

02398-24-400JCP-00405-BI001

BEST POSSIBLE IMAGE



T40002398400040507262006001

BREN
[03738-A84J208-3]

Carmelita N. Erica
CARMELITA N. ERICATA
Administrator and Civil Registrar General
National Statistics Office