

CERTIFICATE OF LIVE BIRTH

DELAYED REGISTRATION

Agusan del Norte
 Municipality: Carmen Registry No. 2006-68

1. NAME (First) (Middle) (Last)
Eaye Ella Degamo Gecera

2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
14 October 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
Carmen Agusan del Norte

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 (live births and fetal deaths including this delivery)
3rd (first, second, third, etc.)
 d. WEIGHT AT BIRTH
2722 grams

6. MAIDEN NAME (First) (Middle) (Last)
Elizabeth Sanggutan Degamo

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 3
 b. No. of children still living including this birth: 3
 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Carmen Agusan del Norte

13. NAME (First) (Middle) (Last)
Eduardo Gallardo Gecera

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Driver 17. Age at the time of this birth: 35 years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (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 5:00 o'clock pm on the date stated above.

Signature Deceased: Joselina Cerna Address Carmen Agusan del Norte
 Name in Print Hilot Date _____
 Title or Position _____

20. INFORMANT
 Signature Elizabeth Degamo Address Canduman, Mandaue City
 Name in Print Mother Date January 30, 2006
 Relationship to the child _____

21. PREPARED BY
 Signature Rebecca Maraguinot
 Name in Print Typist
 Title or Position January 30, 2006
 Date _____

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature ANTA E. RUPINOSA
 Name in Print MUN. CIVIL REGISTRAR
 Title or Position FEBRUARY 2-2006
 Date _____

For QCRR USE ONLY:
 Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CDSM

CLAIRE DENNIS S. MAPA, Ph. D.

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