

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Iloilo
City/Municipality Iloilo City

Registry No.
99-08570

Teresita U. Jacomille
TERESITA U. JACOMILLE
Registration Officer III

1. NAME (First) (Middle) (Last)
MARY JOY BUYAN ANTIQUINA

REG USE ONLY:
Population Reference No.

2. SEX XX 1 Male XX 2 Female
3. DATE OF BIRTH (day) (month) (year)
2 May 1999

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., Street, Barangay) (City/Municipality) (Province)
Iloilo Doctor's Hospital Inc. Iloilo City

5a. TYPE OF BIRTH X 1 Single XX 2 Twin
XX 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
XX 1 First XX 2 Second
XX 3 Others. Specify

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c. BIRTH ORDER (live births and fetal deaths
including this delivery)
Second (first, second, third, etc.)
d. WEIGHT AT BIRTH
2551 grams

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6. MAIDEN NAME (First) (Middle) (Last)
MA. LOURDES ANTONETTE BUYAN ANTIQUINA

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7. CITIZENSHIP Filipino
8. RELIGION Mormon

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9a. Total number of children born
alive: 2
b. No. of children still
living including
this birth: 2
c. No. of children
born alive but
are now dead: 0

58

10. OCCUPATION: Housewife
11. Age at the time
of this birth: 26 years

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12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Figueroa St. San Pedro Arevalo, Iloilo City

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13. NAME (First) (Middle) (Last)
MICHAEL ALBISA

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14. CITIZENSHIP Filipino
15. RELIGION Mormon

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16. OCCUPATION Upholstery
17. Age at the time
of this birth: 28 years

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

19a. ATTENDANT
X 1 Physician XX 2 Nurse XX 3 Midwife
XX 4 Hilot (Traditional Midwife) XX 5 Others (Specify)

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19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:30 P.M. o'clock
am/pm on the date stated above.

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Signature _____ Address _____
Name in Print Physician
Title or Position _____ Date _____

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20. INFORMANT
Signature (SGD.) Address Figueroa St. San Pedro Arevalo,
Name in Print MA. LOURDES ANTONETTE B. ANTIQUINA Iloilo City
Relationship to the child Mother Date June 1, 1999

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21. PREPARED BY
Signature (SGD.)
Name in Print MARJONIE G. FLORES
Title or Position LCR Personnel
Date June 1, 1999

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22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR
Signature (SGD.)
Name in Print TERESITA U. JACOMILLE
Title or Position Registration Officer III
Date Jun. 16, 1999

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