



(Copy for OCRG)

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, 3a, 5b and 19a.)

Province Cebu Registry No. 2008-0355

City/Municipality Poro

CHILD

1. NAME (First) Jason Eric (Middle) Granada (Last) Erasmio

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) 30 (month) 02 (year) 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) General Hospital, Poro, Cebu

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) (first, second, third, etc.) 1

d. WEIGHT AT BIRTH 3000 grams

6. MAIDEN NAME (First) Annalee (Middle) Dempson (Last) Granada

7. CITIZENSHIP Philippine 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) Cagongas, Poro, Cebu (City/Municipality) Poro (Province) Cebu

FATHER

13. NAME (First) Jesus (Middle) Benavente (Last) Benavente

14. CITIZENSHIP Philippine 15. RELIGION Catholic

16. OCCUPATION Welder 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) April 15, 2000 Poro, Cebu

19a. ATTENDANT 4 Midwife 1 Physician 2 Nurse 3 Midwife 4. Hept (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 _____ o'clock am/pm on the date stated above.

Signature Juanita Ompad Address _____
Name in Print JUANITA OMPAD Date Poro, Cebu
Title or Position Midwife Date July 30, 2000

20. INFORMANT
Signature Jenny Estrella Address _____
Name in Print JENNY ESTRELLA Date Cagongas, Poro, Cebu
Relationship to the child Mother Date August 9, 2000

21. PREPARED BY
Signature Jenny Estrella
Name in Print JENNY O. ESTRELLA
Title or Position CLERK
Date August 9, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Juanita Ompad
Name in Print DR. JOCKEN L. TAMIL
Title or Position Asst. Civil Registrar
Date August 19, 2000

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BEST POSSIBLE IMAGE



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Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office