

20 34

(Copy for OCRG)

(To be accomplished in quadruplicate)

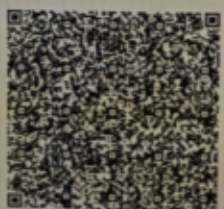
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 15a.)

Province: <u>Cebu</u>		Registry No. <u>2000-341</u>
City/Municipality: <u>Oslob</u>		
1. NAME (First Middle Last) <u>CYRIL CATIAN BENOLOGA</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day month year) <u>09 July 2000</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Oslob District Hospital Oslob, Cebu</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Other, etc.	b. (IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (Five births, and total deaths including this delivery) <u>Third</u> (First, second, third, etc.)	d. WEIGHT AT BIRTH <u>3175</u> grams	
6. MOTHER NAME (First Middle Last) <u>Consolacion Buralo Catian</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
9a. Total number of children born alive: <u>3</u>	b. No. of children still being included this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>28</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Hagdan Oslob Cebu</u>		
13. NAME (First Middle Last) <u>Eduardo Mirasol Benologa</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>ROMAN Catholic</u>
16. OCCUPATION <u>Technician</u>		17. Age at the time of this birth: <u>32</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 10, 1995- Immaculate Conception Parish Church Oslob, Cebu</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>11:50 P.M.</u> o'clock on <u>July 11, 2000</u> of the date stated above.)		
Signature: <u>[Signature]</u> Address: <u>Oslob District Hospital Oslob, Cebu</u>		
Name in Print: <u>RODRIGO M. PARRO, M.D.</u> Date: <u>July 11, 2000</u>		
Title or Position: <u>Medical Officer III</u>		
20. INFORMANT Signature: <u>[Signature]</u> Address: <u>Hagdan, Oslob, Cebu</u>		
Name in Print: <u>EDUARDO M. BENOLOGA</u> Date: <u>July 11, 2000</u>		
Relationship to the child: <u>Father</u>		
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>ANN ELLEN O. CABEZAS</u>		
Title or Position: <u>Nurse I</u> Date: <u>July 11, 2000</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>ORCIN O. PILARIO</u>		
Title or Position: <u>Local Civil Registrar</u> Date: <u>July 20, 2000</u>		

2000 07 09 3175 28 32 000287

09085-HH-400MMT-00726-BX001
BEST POSSIBLE IMAGE
T002090854000072611152024001



CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority