

OTHER REQUIREMENTS:



(To be accomplished in quadruplicate)

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

(To be completed, accurately and legibly, like an affidavit.  
Place 2 before the appropriate answer in items 2, 5, 10, and 15a.)

Province Cebu Registry No. 2817-177  
City/Municipality Kalabogon

**1. NAME** (First) CELESTINO (Middle) REDOA (Last) OSTER

**2. SEX** Male  Female

**3. DATE OF BIRTH** (Month) (Day) (Year) 21 December 2000

**4. PLACE OF BIRTH** (Name of Hospital, Clinic, Institution) (City/Municipality) (Province)  
M. J. Quezon Memorial Hospital Kalabogon Cebu

**5a. TYPE OF BIRTH** 1  Single 2  Twin, etc. **b. IF MULTIPLE BIRTH, CHILD WAS** 1  First 2  Second 3  Other, Specify

**6. BIRTH ORDER** (See birth and fetal deaths including stillbirths) (First, second, third, etc.) 2,600 **g. WEIGHT AT BIRTH** 2,600 grams

**7. CITIZENSHIP** Filipino **8. RELIGION** Roman Catholic

**9. Total number of children born alive:** 1 **b. No. stillbirths with being including this birth:** 1 **c. No. of children born alive but are now dead:** 0

**10. OCCUPATION** Student **11. Age at the time of birth:** 21 years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
7010000 San Jose Cebu

**13. NAME** (First) (Middle) (Last)  
Corazon Reynolds Gallo

**14. CITIZENSHIP** Filipino **15. RELIGION** Roman Catholic

**16. OCCUPATION** Private employee **17. Age at the time of birth:** 28 years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, assumption without Adultery (Signatures/Admission of Paternity at the back))  
November 11, 2000 - Kalabogon, Zamboanga, Cebu

**19a. ATTENDANT** 1  Physician 2  Nurse 3  Midwife 4  Other (Specify)

**19b. CERTIFICATION OF BIRTH**  
I hereby certify that I attended the birth of the child who was born after 7:10 AM of this day/night on the date stated above.

Signature: ROBERTO S. SAVERIO, Jr. Address: M. J. Quezon Memorial Hospital  
Name in Print: ROBERTO S. SAVERIO, Jr. City/Municipality: Kalabogon, Cebu  
Title or Position: Medical Officer III Date: December 21, 2000

**20. INFORMANT**  
Signature: [Signature] Address: Kalabogon, Zamboanga, Cebu  
Name in Print: OSWALDO SIBER Date: December 21, 2000  
Relationship to the child: Father

**21. PREPARED BY**  
Signature: [Signature]  
Name in Print: ROBERTO S. SAVERIO, Jr.  
Title or Position: Medical Officer III  
Date: December 21, 2000

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature: [Signature]  
Name in Print: ANGELICA S. MALABAN  
Title or Position: MCR  
Date: December 22, 2000

REMARKS/ANNOTATION

For OCMG USE ONLY  
Registration Reference No. 000180

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  00

05155-FC-400CCP-00152-BI003 w/ ✓  
BEST POSSIBLE IMAGE  
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BReN  
02229-8002M01-5  
Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERCTA  
Administrator and Civil Registrar General  
National Statistics Office