

(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 19a.)

Province <u>CEBU</u>		Registry No. <u>2002-867</u>	
City/Municipality <u>MINGLANILLA</u>			
1. NAME (First) (Middle) (Last) <u>BASTHY JAY P. PARISO</u>			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>16TH MAY 2002</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>MINGLANILLA DISTRICT HOSPITAL MINGLANILLA CEBU</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. (IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3600</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>JANICE GALE GIMENEZ PARISO</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>1</u>		9b. No. of children still living including this birth: <u>1</u>	
		9c. 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>20</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CALUBIHAN MINGLANILLA CEBU</u>			
13. NAME (First) (Middle) (Last) <u>(UNKNOWN)</u>			
14. CITIZENSHIP <u>n/a</u>		15. RELIGION <u>n/a</u>	
16. OCCUPATION <u>n/a</u>		17. Age at the time of this birth: <u>n/a</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) (ILLEGITIMATE)			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input 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>8:40 p.m.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>JOSE A. VILLANUEVA, M.D.</u> Title or Position <u>RESIDENT PHYSICIAN</u>		Address <u>MINGLANILLA DISTRICT HOSPITAL MINGLANILLA, CEBU</u> Date <u>MAY 16, 2002</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>JANICE GALE G. PARISO</u> Relationship to the child <u>MOTHER</u>		Address <u>CALUBIHAN, MINGLANILLA, CEBU</u> Date <u>MAY 16, 2002</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>CHERYL A. PADIN, R.M.</u> Title or Position <u>REGISTERED MIDWIFE</u> Date <u>MAY 16, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ZENAIDA C. JAKOSALEM</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>5-22-2002</u>	

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2002867

48 1

49 1 50 160502

56 22327

61 1

62 01 64 3400

65 1 66 1

70 01 72 01 74 00

75 220 79 20

81 22327

86 + 87 + 258
262

88 + 89 + 91 ++

93 2

94 1

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LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ALBERTO R. JISON JR. AND JANICE GALE G. PARISO ON MAY 29, 2002 AT CEBU CITY, CEBU UNDER REGISTRY NUMBER 2012-153. THE CHILD SHALL BE KNOWN AS: BASTHY JAY PARISO JISON

MS. EDITHA R. ORCILLA
Chief, Document Management Division



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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

