



(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 18a.)

Municipal Form No. 102 Revised January 1993		(Copy for OCRG)	
Province CEBU City/Municipality CEBU CITY		Registration No. 20069389	
1. NAME (First) (Middle) (Last) TRISTAN YUAN CALVO DUMDUM		REMARKS/ANNOTATION	
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
3. DATE OF BIRTH (day) (month) (year) 03 April 2006			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, 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 (live births and fetal deaths including this delivery) (first, second, third, etc.) FIRST			
d. WEIGHT AT BIRTH 2750 grams			
6. MAIDEN NAME (First) (Middle) (Last) KIM CARLA CALVO			
7. CITIZENSHIP FILIPINO			
8. RELIGION ROMAN CATHOLIC			
9a. Total number of children born alive: ONE			
b. No. of children still living including this birth: ONE			
c. No. of children born alive but are now dead: NONE			
10. OCCUPATION STUDENT			
11. Age at the time of this birth: 20 years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) E.S. BINGHAY ST., ALIWANAY, BALAMBAN, CEBU			
13. NAME (First) (Middle) (Last) JOSEPH JEREMY AGBAY DUMDUM			
14. CITIZENSHIP FILIPINO			
15. RELIGION ROMAN CATHOLIC			
16. OCCUPATION STUDENT			
17. Age at the time of this birth: 21 years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) DECEMBER 24, 2005 / BALAMBAN, CEBU			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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 05:59 PM o'clock am/pm on the date stated above.			
Signature CLARICE DUMDUM VERCIDE , M.D. Date OSMEÑA BLVD., CEBU CITY APR 05, 2006 Name in Print ATTENDING PHYSICIAN Title or Position _____ Date _____			
20. INFORMANT Signature JOSEPH JEREMY A. DUMDUM Address E.S. BINGHAY ST., ALIWANAY BALAMBAN, CEBU Name in Print FATHER Date APR 05, 2006 Relationship to the child _____ Date _____			
21. PREPARED BY Signature IRISH DIANE L. LICANDA Name in Print MEDICAL RECORDS CLERK Title or Position APR 05, 2006 Date _____			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature OSCAR B. MOLO Name in Print REGISTRATION OFFICER IV Title or Position _____ Date APR 17 2006			

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