



REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: CEBU
City or Municipality: CEBU CITY

Registrar Number:
(a) Civil Registrar- Gen. No. _____
(b) Local Civil Registrar No. 212/682

1. Place of Birth		2. Usual Residence of Mother (Where does mother live?)	
a. Province <u>CEBU</u>	a. Province <u>CEBU</u>	b. City or Municipality <u>CEBU CITY</u>	b. City or Municipality <u>TALISAY</u>
c. Name of Hospital or Institution (If not Hospital give street address) <u>SOUTHERN ISLANDS HOSPITAL</u>		c. Number and Street <u>TANGKE</u>	
d. Is place of Birth inside City limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. Is Residence on a farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

CHILD	3. NAME (Type or Print)			6. Date of Birth	
	First <u>NERLYN</u>	Middle <u>(ILLIG.)</u>	Last <u>SACOBOS</u>	Month <u>FEB</u>	Day <u>4</u> Year <u>1982</u>
FATHER	4. Sex Sa. This Birth		5b. If Twin or Triplet, was Child		8. Nationality
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	8a. Race <u>82</u>	
	7. Name			Religion	8a. Race
MOTHER	9. Age (At time of this birth) Years			11a. Usual Occupation	
	10. Birthplace			11b. Kind of Business or Industry	
	12. Maiden Name			13. Nationality	
14. Age (At time of this Birth) Years <u>23</u>			15. Birthplace <u>JETAPE, BOHOL</u>		13a. Race <u>BROWN</u>

17a. Informant's Signature: <u>[Signature]</u>		16. Previous Deliveries to Mother (Do not include this birth)	
b. Name in Print: <u>NERZA ESTILLORE</u>		a. How many children are now living <u>0</u>	b. How many other children were born alive but are now dead? <u>0</u>
c. Address		c. How many fetal deaths (equated born dead only time after conception)? <u>0</u>	

18. Mothers Mailing Address: (Number, Street City or Municipality, Province) TANGKE, TALISAY CEBU

19. ATTENDANT AT BIRTH

I Hereby Certify that I attended the birth of this child who was born alive at 2:15 o'clock A. on the date above indicated.

d. Date signed by Attendant at Birth: FEB. 4, 1982

a. Signature: [Signature]

e. Title of Attendant at Birth: M.D. Midwife Nurse Others (Specify)

b. Name in Print: SUSAN JACA M.D.

c. Address: S.I.H.

20 Received in the Office of the Local Civil Registrar by:		21 a. Given Name Added From Supplemental Support:	
a. Signature:	b. Date when given Name was Supplied:		
b. Name in Print: <u>[Signature]</u>	<u>FEB. 4, 1982</u>		
c. Title or Position:			
d. Date:			

22a. Length of Pregnancy <u>39</u> Completed Weeks	22b. Weight at Birth <u>6</u> LBS. <u>2</u> OZ.	23. Legitimate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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24. Date and Place of Marriage of Parents (For Legitimate Birth)	25 This Certificate is prepared by:
(Month) <u>11/81</u> (Date) _____ (Year) _____	Signature: <u>[Signature]</u>
City or Municipality _____ Province _____	Name in Print: <u>JOSEFINA F. VEDUA</u>
	Title of Birth: _____
	Date: <u>2/4/82/ear</u>

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSE)

02270-DE-400JCP-00253-BI001

BEST POSSIBLE IMAGE



T400022704000025303202006001

02217-A82D40H-5

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

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.)

Late Registration

Province Cebu
City/Municipality Cebu CITY

Registry No.
2003 37145

CHILD	1. NAME (First) (Middle) (Last) <u>NERLYN SOCOBOS ESTILLORE</u>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>4 February 1982</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Lahug, Cebu City, Cebu</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 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) <u>first</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams	

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Nerza Socobos Estilloro</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</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>25</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Northern Poblacion, Tudela, Cebu</u>			

41	_____
48	_____
49	_____
50	_____
56	_____
61	_____
62	_____
64	_____
68	_____
69	_____
70	_____
72	_____
74	_____
76	_____
79	_____
81	_____
86	_____
87	_____
88	_____
91	_____

FATHER	13. NAME (First) (Middle) (Last) <u>Unknown</u>		
	14. CITIZENSHIP <u>na</u>		15. RELIGION <u>na</u>
	16. OCCUPATION <u>na</u>		17. Age at the time of this birth: <u>na</u> years

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

NA

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Hilot (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. D.K.

Signature _____ Address _____
 Name in Print D.K. N.A.
 Title or Position Hilot Date _____

20. INFORMANT
 Signature [Signature] Address Northern Poblacion
 Name in Print NERZA S ESTILLORE Tudela, Cebu
 Relationship to the child _____