

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

(To be completed accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 10a.)

1280

Case No. \_\_\_\_\_ Municipality Consolacion Registry No. 96-563

1. NAME (First) (Middle) (Last)  
Villacojo Marygrace

2. SEX X Male X Female 3. DATE OF BIRTH (day) (month) (year)  
18 June 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
Manila Consolacion Cebu

5. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS  
1 First 2 Second 3 Others, Specify \_\_\_\_\_

6. BIRTH ORDER (five births and total deaths including this delivery) (first, second, third, etc.) d. WEIGHT AT BIRTH  
6th 2277 grams

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive 6 b. No. of children still living including this birth: 6 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Manila Consolacion Cebu

13. NAME (First) (Middle) (Last)  
Roberto Ondang Marygrace

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Laborer 17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
22 September 1974 Roman Catholic Church, Marikina, Marikina City

19. ATTENDANT 1 Physician 2 Nurse 3 Midwife  
X Midwife (Traditional Midwife) 5 Others (Specify) \_\_\_\_\_

20. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 11:45 A.M. on the date of the above stated above.

Signature: JERRY DUCERO Address: Manila, Consolacion Cebu  
Capacity: Traditional Midwife Date: June 19, 1996

Signature: ROBERTO ONDANG Address: Manila, Consolacion Cebu  
Capacity: Father Date: June 19, 1996

21. PREPARED BY: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Print: WISCONSINO DE LEON Title or Position: Municipal Civil Registrar Date: June 19, 1996

For 50mg Birth Control Pills: \_\_\_\_\_

TO BE FILED AT THE OFFICE OF THE CIVIL REGISTRAR

41 960618

42 1

43 2 16429

44 7222

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46 02010

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