

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **GENM** Registry No. **2017 18075**  
City/Municipality **GENM CITY**

**CHILD**  
1. NAME (First) **LEONIDAS VLAMIR** (Middle) **CASIELAS** (Last) **BOGOC**  
2. SEX (Male/Female) **MALE** 3. DATE OF BIRTH (Day) **4** (Month) **JULY** (Year) **2017**  
4. PLACE OF BIRTH (Name of Hospital/Office, etc.) (City/Municipality) (Province)  
**DAVIDAL HEALTH CENTER GENM CITY GENM**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **1/2** 5c. BIRTH ORDER (Order of birth to previously birth, including stillborn, First, Second, Third, etc.) **2nd** 6. WEIGHT AT BIRTH **3,125** grams

**MOTHER**  
7. MARDEN NAME (First) **ROSALIE** (Middle) **ABELLANO** (Last) **CASIELAS**  
8. CITIZENSHIP **FIL.** 9. RELIGION/RELIGIOUS SECT **CATHOLIC**  
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEWIFE** 12. AGE at the time of the birth (completed years) **21**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**16 COM. BAYILAD GENM CITY GENM PHILIPPINES**

**FATHER**  
14. NAME (First) **GLENN WIFO** (Middle) **SACOC** (Last) **BOGOC**  
15. CITIZENSHIP **FIL.** 16. RELIGION/RELIGIOUS SECT **CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of the birth (completed years) **28**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**16 COM. BAYILAD GENM CITY GENM PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
20a. DATE (Month) **NOT MARRIED** (Year) **NOT MARRIED** 20b. PLACE (City/Municipality) (Province) (Country)

21a. ATTENDANT  
1 Physician  2 Nurse  3 Midwife  4 Healer (Traditional Birth Attendant)  5 Others (Specify)   
21b. CERTIFICATION OF ATTENDANT AT BIRTH (If not a nurse, midwife, or healer, fill in the name of the attendant)  
I hereby certify that I attended the birth of the child who was born alive at **11115 F.N. BAYILAD GENM CITY** on the date of birth specified above.  
Signature **MARIVIC DEGUILLA** Address **JULY 3, 2017**  
Name in Print **PEM** Date **JULY 3, 2017**  
Title or Position \_\_\_\_\_

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief  
Signature **ROSALIE A. CASIELAS** Signature **MARIVIC DEGUILLA**  
Name in Print **ROSELE** Name in Print **PEM**  
Relationship **MOTHER GENM CITY** Title or Position **JULY 3, 2017**  
Address **JULY 3, 2017** Date **JULY 3, 2017**  
Date \_\_\_\_\_

24. RECEIVED BY  
Signature **LIZ N. CUGAY** Signature **PHILIPP A. MEGABON**  
Name in Print **ADMINISTRATIVE AIDE II** Name in Print **REGISTRATION OFFICER IV**  
Title or Position \_\_\_\_\_ Date **12 JUL 2017**  
Date **12 JUL 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)