



Copy for OCRM

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH 2000

1. **NAME** (First) (Middle) (Last)
 THE CI **Karl Kenneth Solis** **Chu**

2. **SEX** (Male) (Female)
 THE CI **Male**

3. **DATE OF BIRTH** (day) (month) (year)
 THE CI **Sept. 1996**

4. **PLACE OF BIRTH** (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
 THE CI **Simbahan Medical Clinic, Tabunoc Talisay Cebu**

5. **TYPE OF BIRTH** a. **IF MULTIPLE BIRTH, CHILD WAS**
 THE CI **1. Single** **1. First**

6. **BIRTH ORDER** (live births and total deaths including this delivery) (first, second, third, etc.)
 THE CI **1st**

7. **WEIGHT AT BIRTH**
 THE CI **2,800** grams

8. **MAIDEN NAME** (First) (Middle) (Last)
 THE CI **Grace Betzella Solis**

9. **CITIZENSHIP** (Filipino) (Foreign)
 THE CI **Filipino**

10. **RELIGION** (Roman Catholic) (Other)
 THE CI **Roman Catholic**

11. **Age at the time of this birth** (years)
 THE CI **26**

12. **RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)
 THE CI **Sombro Lawan II, Talisay Cebu**

13. **NAME** (First) (Middle) (Last)
 THE CI **Kenneth Cabalquinto Chu**

14. **CITIZENSHIP** (Filipino) (Foreign)
 THE CI **Filipino**

15. **RELIGION** (Roman Catholic) (Other)
 THE CI **Roman Catholic**

16. **Age at the time of this birth** (years)
 THE CI **28**

17. **DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
 THE CI **June 23, 1995 Tabunoc Talisay**

18. **ATTENDANT** (Physician) (Nurse) (Midwife) (Other)
 THE CI **1. Physician**

19. **CERTIFICATION OF BIRTH**
 THE CI I hereby certify that I attended the birth of the child who was born alive at **10:50** o'clock on the date stated above.

20. **Signature** (Name in Print) (Address) (Date)
 THE CI **Rosemarie R. Simbahan** **Physician**

21. **INFORMANT** (Signature) (Name in Print) (Address) (Date) (Relationship to the child)
 THE CI **Grace Chu** **Chu** **Mother**

22. **PREPARED BY** (Signature) (Name in Print) (Address) (Date) (Position)
 THE CI **Tiffany S. Pitong** **Mislife** **Sept. 1996**

23. **RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR** (Signature) (Name in Print) (Address) (Date) (Position)
 THE CI **Civil Registrar** **Sept. 20 96**

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