



REPORT OF BIRTH
CERTIFICATE OF LIVE BIRTH
(FILL OUT COMPLETELY, ACCURATELY AND LEGIBLY IN INK OR TYPEWRITER)

Province: Cebu
City or Municipality: Maga

Register Number:
(a) Civil Registrar General No. _____
(b) Local Civil Registrar No. 486

1. PLACE OF BIRTH
a. PROVINCE Cebu
b. CITY OR MUNICIPALITY Maga
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Tuyan, Maga, Cebu
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?
Yes No

2. USUAL RESIDENCE OF MOTHER (When does not bear live?)
a. PROVINCE Cebu
b. CITY OR MUNICIPALITY Maga
c. NUMBER AND STREET Tuyan, Maga, Cebu
d. IS RESIDENCE URBAN CITY LIMITS? Yes No
e. IS RESIDENCE IN A VILLAGE? Yes No

3. NAME (Type or print) Flat ALDEN Middle CABANERO Last VILLARREAL
4. SEX Male Female
5. IS TWIN OR TRIPLET, WAS CHILD 1st 2nd 3rd

7. NAME First Roman Middle Villarreal Last R. C.
8. AGE (At time of birth) 42 years
9. NATIONALITY Phil.
10. BIRTHPLACE Tuyan, Maga, Cebu
11. USUAL OCCUPATION Fisherman
12. KIND OF LICENSE OR INDUSTRY

13. MOTHER'S NAME First Marina Middle Cabanero Last R. C.
14. AGE (At time of child's birth) 39 years
15. BIRTHPLACE Tuyan, Maga, Cebu
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 8

17a. DEPARTMENT'S SIGNATURE: VICTORIA R. NAVALES
17b. NAME IN PRINT: Maga, Cebu
18. MOTHER'S MATERNAL ADDRESS: (Number, Street, City or Municipality, Province) Tuyan, Maga, Cebu

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 5:00 o'clock A.M. on the date above indicated.
a. SIGNATURE: VICTORIA R. NAVALES
b. NAME IN PRINT: Maga, Cebu
c. ADDRESS: Maga, Cebu
d. DATE SIGNED BY ATTENDANT AT BIRTH: _____

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR
a. SIGNATURE: _____
b. NAME IN PRINT: _____
c. TITLE OR POSITION: CIVIL REGISTRAR
d. DATE: July 14, 1966
e. TITLE OF ATTENDANT AT BIRTH: Attendant at Birth
f. TYPE OF ATTENDANT AT BIRTH: M.D. Midwife Nurse Other (Specify) _____
g. NAME ALIEN REG. & IMMIGRATION REPORT: _____
h. DATE WHEN CHILD WAS SUBMITTED: _____

21. LENGTH OF PREGNANCY (Completed Weeks) _____
22. WEIGHT AT BIRTH _____
23. LENGTH AT BIRTH _____
24. DATE AND PLACE OF ISSUE OF THIS CERTIFICATE (For birth certificate)
(Month) _____ (Date) _____ (Year) _____
City or Municipality _____ Province _____
25. THIS CERTIFICATE IS VALID FOR _____
SIGNATURE: O. F. Vidal
NAME IN PRINT: O. F. Vidal
TITLE OR POSITION: Registrar
DATE: July 14, 1966