

Municipal Form No. 103

CERTIFICATE OF LIVE BIRTH

(To be accomplished in duplicate)

PROVINCE Negros Occidental

CITY/MUNICIPALITY Bacolod City

(LATE REGISTRATION)

LOCAL CIVIL REGISTRY NO. 84-1988

1. NAME (First) Adella

(Middle)

Montana

(Last)

Divinagracia

2. SEX (Place "X" in appropriate answer.)
 Male Female

3. DATE OF BIRTH (Day) (Month) (Year)
07 January 1984

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay)
Bo. Alija

(City/Municipality)

(Province)

5. TYPE OF BIRTH (Please X on appropriate answer)
 1 Single 2 Twin 3 Three or more

Bacolod City

Negros Occidental

6. MOTHER (First) (Middle) (Last)
NAME Elena Orta Montana

7. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second 3 Third, 4th, etc.

8. NAME (First) (Middle) (Last)
George Malala Divinagracia

9. NATIONALITY
Filipino

10. NATIONALITY
Filipino

11. RELIGION
Protestant

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill affidavit of non-relationship at the back)
June 6, 1963 - Cathalogan, Samar

CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 02:00 o'clock AM on the date stated above.
Signature Anna A. [unclear]
Name in print ANNA A. [unclear]
Title or position Midwife
Address Bo. Alija, Bacolod City

13. INFORMANT
Signature [unclear]
Name in print ELISA DIVINAGRACIA
Relation to child Mother

Date March 19, 1984
Address Bo. Alija, Bacolod City

14. PREPARED BY
Signature
Name in print
Title or position
Date

15. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature
Name in print
Title or position
Date MAR 19 1984
DATE WHEN INFORMATION WAS SUPPLIED 1984