

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province **CEBU**
City/Municipality **CITY OF NAGA**

Registry No. **2007-2185**

1. NAME (First) (Middle) (Last)
KATIE ERICH Omayao Catubig

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
14 NOVEMBER 2007

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
SOUTH POBLACION CITY OF NAGA CEBU

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

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **THIRD**
d. WEIGHT AT BIRTH **2500** grams

7. MARDEN NAME (First) (Middle) (Last)
FLODELIZITA MIRAFUENTES Omayao

8. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

9a. Total number of children born alive: **3**
b. No. of children still living including this birth: **2**
c. No. of children born alive but are now dead: **1**

10. OCCUPATION **CALL CENTER AGENT**
11. Age at the time of this birth: **28** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
LACARON PITALO SANFERNANDO CEBU

13. NAME (First) (Middle) (Last)
MARK HENRICH PAGLINAWAN Catubig

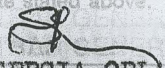
14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN CATHOLIC**


16. OCCUPATION **SALES STAFF**
17. Age at the time of this birth: **25** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Filipino Traditional Midwife 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **12:25p.m.** o'clock
am/pm on the date stated above.

Signature 
Name in Print **SERGIA ORLANES**
Title or Position **TRAINED MIDWIFE**
Address **SOUTH POBLACION, CITY OF NAGA, CEBU**
Date **NOVEMBER 16, 2007**

20. INFORMANT 
Name in Print **FLODELIZITA Omayao**
Relationship to the child **MOTHER**
Address **LACARON, PITALO, SAN FERNANDO, CEBU**
Date **NOVEMBER 16, 2007**

For OGRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

43

49 50

56

61

62 64

68 69

70 72 74

81

85 87

89 91