



(Copy for OCRG)

(To be accomplished in quadruplicate)

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, 6b and 6c.

Province CEBU	Registry No. 20068962	REMARKS/ANNOTATION
City/Municipality CEBU CITY		
1. NAME (First (Middle) (Last)) BRYCE AUSTRIA OBIEN		For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
3. DATE OF BIRTH (day) (month) (year) 02 APRIL 2006		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) MARGARITA BIRTHING CENTER, CEBU CITY, CEBU		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
6. BIRTH ORDER (five births and total deaths including this delivery) (first, second, third, etc.) THIRD		
6d. WEIGHT AT BIRTH 3450 grams		
7. MAIDEN NAME (First) (Middle) (Last) CHARITO CASENILLAS AUSTRIA		
8. CITIZENSHIP FILIPINO		
8. RELIGION R. CATHOLIC		
9a. Total number of children born alive: 3		
9b. No. of children still living including this birth: 3		
9c. No. of children born alive but are now dead: 0		
10. OCCUPATION ACCOUNTANT		
11. Age at the time of this birth: 27 years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) DOOR 6, FANLO APT., M.I. QUEZON ST. MAGUIKAY, MANDAUE CITY, CEBU		
13. NAME (First) (Middle) (Last) BORONIO JR. PACULBA OBIEN		
14. CITIZENSHIP FILIPINO		
16. RELIGION R. CATHOLIC		
18. OCCUPATION MECHANICAL ENGR.		
17. Age at the time of this birth: 28 years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JULY 25, 2001 - BISLIG CITY		
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 3:55 AM o'clock am/pm on the date stated above.		
Signature: <i>Margarita F. Duhaac</i> Name in Print: MARGARITA F. DUHAC Title or Position: MIDWIFE Address: 66-J GORDON AVENUE, KAMPUTHAWAN, CEBU CITY, CEBU Date: APRIL 2, 2006		
20. INFORMANT Signature: <i>Charito A. Obien</i> Name in Print: CHARITO A. OBIEN Relationship to the child: MOTHER Address: DOOR 6, FANLO APT., M.I. QUEZON MAGUIKAY, MANDAUE CITY, CEBU Date: APRIL 2, 2006		
21. PREPARED BY Signature: <i>Margarita F. Duhaac</i> Name in Print: MARGARITA F. DUHAC Title or Position: MIDWIFE Date: APRIL 2, 2006		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>Oscar B. Molo</i> Name in Print: OSCAR B. MOLO Title or Position: REGISTRATION OFFICER IV Date: APR 05 2006		

06845-C2-999CCV-05982-BI001
 BEST POSSIBLE IMAGE

BReN
 02217-B06G218-4

Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General