

(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, 5b and 19a.

1. City/Municipality <b>PASIG CITY</b>	Registry No. <b>97-9746</b>
2. CIVILIAN NAME (First, Middle, Last) <b>CHRIS ANNE</b>	
3. DATE OF BIRTH (day, month, year) <b>22 JUNE 1997</b>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) <b>RIZAL MEDICAL CENTER</b>	
5. TYPE OF BIRTH a. <input type="checkbox"/> Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify	
6. BIRTH ORDER (live births and fetal deaths including his delivery) (first, second, third, etc.) <b>SECOND</b>	d. WEIGHT AT BIRTH <b>2000</b>
7. CIVILIAN NAME (First, Middle, Last) <b>CRISTINA SARIO</b>	
8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION <b>CATHOLIC</b>
10. OCCUPATION <b>FACTORY WORKER</b>	11. Age at the time of this birth <b>28</b>
12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) <b>22 GEN. LUNA ST., USUSAN, TAGUIG</b>	
13. CIVILIAN NAME (First, Middle, Last) <b>STAR</b>	
14. CITIZENSHIP <b>FILIPINO</b>	15. RELIGION <b>CATHOLIC</b>
16. OCCUPATION <b>FACTORY WORKER</b>	17. Age at the time of this birth <b>28</b>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (Date married, accompanied Affidavit of the Civil Registrar General Office, or acknowledgment/admission of paternity at the back.)	
19. ATTENDANT a. <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife b. <input type="checkbox"/> Ailani (Traditional Midwife) <input type="checkbox"/> Others (Specify)	
20. IDENTIFICATION OF BIRTH a. <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Unregistered b. <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete	
21. INFORMANT Name: <b>CRISTINA SARIO</b> Address: <b>SAME AS ABOVE</b> Date: <b>6-23-97</b>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL OFFICE Signature: <b>LUCIANA L. LAYRONE</b> Name in Print: <b>LUCIANA L. LAYRONE</b> Title or Position: <b>REGISTERAR GENERAL</b> Date: <b>6-23-97</b>	

REMARKS/ANNOTATION

[REDACTED]

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820 28

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4444

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BEST POSSIBLE IMAGE



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BRen  
07403-A97MN02-3

*Carmelita N. Ericta*  
**CARMELITA N. ERICTA**  
Administrator and Civil Registrar General  
National Statistics Office