

Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province	Cebu City		Registered No.	11022
1. NAME (First) (Middle) (Last)	GLADYS		ENCORPADO	
2. SEX	1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year)	23 MAY 1999	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)	St. Anthony Mother & Child Hospital, Cebu, San Nicolas, Cebu City			
5a. TYPE OF BIRTH	1 Single <input checked="" type="checkbox"/> 2 Twin 3 Triplet, etc.	6. IF MULTIPLE BIRTH CHILD WAS	1 First 2 Second 3 Other, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)	d. WEIGHT AT BIRTH (grams)		2850	
6. MAIDEN NAME (First) (Middle) (Last)	ENCORPADO		ENCORPADO	
7. CITIZENSHIP	FILIPINO		RELIGION RC	
9a. Total number of children born alive	b. No. of children living including this birth	c. No. of children born alive but are now dead	2 2 0	
10. OCCUPATION	NONE		Age at the time of this birth: 20	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)	23-B Figueroa, St. Nicolas, Cebu City			
13. NAME (First) (Middle) (Last)	VALERIO		PDOMITTO	
14. CITIZENSHIP	FILIPINO		RELIGION RC	
16. OCCUPATION	NONE		Age at the time of this birth: 20	
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 (Name) (Address) (City/Municipality) (Province)	None		None	
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at _____ M:____ A:_____ on/om of the date stated above.)	None			
Signature	DR. MA. TERESA C. TRINIDAD		Address: SACTO - Pasig, Gen. Triunfo	
Name in Print	DR. MA. TERESA C. TRINIDAD		Date: May 23, 1999	
Title or Position	Medical Officer III		Date: May 23, 1999	
20. INFORMANT (Name) (Address) (City/Municipality) (Province)	EMILY A. ENCORPADO		Cebu City	
Name in Print	EMILY A. ENCORPADO		Date: May 23, 1999	
Relationship to the child	Mother		Date: May 23, 1999	
21. PREPARED BY (Name) (Address) (City/Municipality) (Province)	None		None	
Signature	None		None	
Name in Print	None		None	
Title or Position	None		None	
Date	May 23, 1999		Date: MAY 25 1999	

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07082-67-400LBL-00940-BI002

BEST POSSIBLE IMAGE



T400070824000094005232019002

IN300939273

BReN  
02217-A99KP0Z-1

Documentary  
Stamp Tax Paid

*Josie B. Perez*  
JOSIE B. PEREZ  
Asst. Secy  
(Officer-in-Charge)

