



(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 11a.)

Province Southern Leyte Registry No. 3802-1162
 City/Municipality Marian City

1. NAME (First) (Middle) (Last)
JOSHUA DAVID NOVERO

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
4 May 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
 (House No., Street, Barangay) ITMO, Marian City So. Leyte

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

6. BIRTH ORDER (five births and total deaths including this delivery)
2nd (first, second, third, etc.) **d. WEIGHT AT BIRTH**
3.310 grams

7. MAIDEN NAME (First) (Middle) (Last)
Jocelyn Libres Kovoro

7. CITIZENSHIP Fil. **8. RELIGION** PTC

9a. Total number of children born alive: 2 **b. No. of children still living including this birth:** 2 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION Housekeeper **11. Age at the time of this birth:** 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sta. Rosario, Padre Burgos, So. Leyte

13. NAME (First) (Middle) (Last)
Sto. Rosario, Padre Burgos, So. Leyte

14. CITIZENSHIP Fil. **15. RELIGION** PTC

16. OCCUPATION _____ **17. Age at the time of this birth:** _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, specify the address of the bride and groom at the time of the birth)
N/A

19. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Other (Specify) _____ 5 Others (Specify) _____

19a. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at ITMO ITMO ITMO
 on/for on the date stated above.

Signature [Signature] Address Sta. Rosario, Marian City
 Name in Print CONSOLACION S. RUFLO, M.D.
 Title or Position Private Physician Date 5/4/02

20. INFORMANT
 Signature [Signature] Address Sta. Rosario, P. Burgos
 Name in Print JOSLYN L. NOVERO So. Leyte
 Relationship to the child Mother Date 5/4/02

21. PREPARED BY **22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**
 Signature [Signature] Signature [Signature]
 Name in Print ATLANTA G. STA Name in Print _____
 Title or Position Midwife Title or Position _____
 Date 5/4/02 Date 5/4/02

REMARKS/ABSENCE

Per OCRG USE ONLY:
 Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 80201162
 42 1
 43 1 040502
 44 64071
 45 1
 46 02 3310
 47 1 1
 48 02 02 00
 49 220 37
 50 64105
 51 1 1
 52 - - - -
 53 2
 54 1 1300

SID: 466C1D20CDBA0FA1C691DA0771808935586FA6

MAY 15 2010 04:00/2010 02:53:14 PM

ACKNOWLEDGED BY DANIEL M. GERALDO ON MARCH 12, 2010. THE SURNAME OF THE CHILD'S FAMILY CHANGED FROM NOVERO TO GERALDO ON MARCH 12, 2010. THE CHILD SHALL BE KNOWN AS: JOSHUA DAVID NOVERO GERALDO, PURSUANT TO R.A. 9255.