



OFFICE OF THE REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

1. NAME Last: REYES First: GERARDO Middle: MARCELINO		Registry No. 75-10697
2. SEX M	3. DATE OF BIRTH (Day) (Month) (Year) 5 MAY 1955	
4. PLACE OF BIRTH (Name of hospital/clinic/radiology/ (City/Township) (Province) GENE LIFE MEDICAL CENTER GENI CITY CAVITE		
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Down's Syndrome	
6. BIRTH ORDER (How births and fetal deaths including still delivery (First, second, third, etc.) 1st		7. WEIGHT AT BIRTH 3300 grams
8. MAIDEN (MARTIN) NAME NERA VERONICA		9. REGISTRAR GENERAL OFFICE QUEZON CITY
7. CITIZENSHIP FILIPINO		8. RELIGION ROMAN CATHOLIC
9a. Total number of children born alive	9b. No. of children still being reared (See 9a)	9c. No. of children born alive and are now living
10. OCCUPATION NONE		11. Age at last birth (Specify birth)
12. RESIDENCE (Street No., Street, Barangay) (City/Municipality) (Province) GENI CITY CAVITE		
13. NAME NERA VERONICA		14. CITIZENSHIP FILIPINO
15. OCCUPATION NONE		16. RELIGION ROMAN CATHOLIC
14. DATE AND PLACE OF BIRTH MAY 5 1955		

19. ATTENDING PHYSICIAN

19a. CERTIFICATION OF BIRTH
I hereby certify that the above is a true and correct copy of the original as kept on the file opened above.

Signature: **[Signature]** Date: **MAY 5 1955**
Name in Print: **ABYON BRADY**
Title or Position: **[Title]**

Signature: **[Signature]** Date: **MAY 5 1955**
Name in Print: **GENE LIFE MEDICAL CENTER**
Title or Position: **GENI CITY**

20. INFORMANT
Signature: **[Signature]** Address: **325-D SAN JOSE TIGRA**
Name in Print: **NERA VERONICA** Relationship to the child: **MOTHER**
Date: **MAY 5 1955**

21. PREPARED BY
Signature: **[Signature]** Name in Print: **NERA VERONICA**
Title or Position: **MOTHER** Date: **MAY 5 1955**

22. RECEIVED AT THE OFFICE OF THE REGISTRAR
Signature: **[Signature]** Name in Print: **NERA VERONICA**
Title or Position: **MOTHER** Date: **MAY 5 1955**

19b. CERTIFICATION OF BIRTH
I hereby certify that the above is a true and correct copy of the original as kept on the file opened above.

Signature: **[Signature]** Date: **MAY 5 1955**
Name in Print: **GENE LIFE MEDICAL CENTER**
Title or Position: **GENI CITY**

Signature: **[Signature]** Date: **MAY 5 1955**
Name in Print: **GENE LIFE MEDICAL CENTER**
Title or Position: **GENI CITY**