

OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

1. CHILD'S IDENTIFICATION NUMBER 7220000237	
2. DATE OF BIRTH 01/20/2009	
3. IF MULTIPLE BIRTHS, CHECK ONE <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	
4. WEIGHT AT BIRTH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
7. OCCUPATION Housekeeper	
8. ADDRESS (Street, Street No., City/Township, Province) Polibato, Polibato, Polibato	
9. TELEPHONE 0917 000 0000	
10. IDENTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. AGE OF THE FATHER AT BIRTH <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
12. NAME AND PLACE OF MARRIAGE OF PARENTS (If not married, occupation of both of them, and date of death of the father) N/A	
13. SIGNATURE OF REGISTRAR <input type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	
14. SIGNATURE OF BIRTH REGISTRAR <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	
15. SIGNATURE OF FATHER <input type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	
16. SIGNATURE OF MOTHER <input type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	
17. SIGNATURE OF WITNESS <input type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	
18. SIGNATURE OF REGISTRAR <input type="checkbox"/> Signature <input type="checkbox"/> Stamp <input type="checkbox"/> Seal	

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Lisa Grace S. Bernaldes
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National Statistician and Civil Registrar General

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