



CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, AND LEGIBLY WITH INK OR TYPEWRITER

Register Number:

Province Pateros Rizal
City or Municipality Dagupan City

(a) Civil Registrar-General No. 1283
(b) Local Civil Registrar No. 1283

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>Pateros Rizal</u>	a. PROVINCE <u>Pateros Rizal</u>	b. CITY OR MUNICIPALITY <u>Dagupan City</u>	b. CITY OR MUNICIPALITY <u>Dagupan City</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not hospital, give street address) <u>110 E. Benitez St. Cubao B.C.</u>		c. NUMBER AND STREET <u>110 E. Benitez St. Cubao B.C.</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> No <input type="checkbox"/>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or print)			6. DATE OF BIRTH
First <u>PERCIVAL</u>	Middle <u>COTAS</u>	Last <u>OSUNO</u>	Month <u>Nov</u> Day <u>3</u> Year <u>1977</u>
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	

7. NAME		8. NATIONALITY		9. RACE	
First <u>Maanico</u>	Middle <u>Sarmiento</u>	Last <u>Osuno</u>	<u>Catholic</u>	<u>Pilipino</u>	<u>Brown</u>
9. AGE (At time of this birth) Years <u>1934</u>		10. BIRTHPLACE <u>Das Antiques</u>		11a. USUAL OCCUPATION <u>Laborer</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	

12. MAIDEN NAME		13. NATIONALITY		13a. RACE	
First <u>Jessita</u>	Middle <u>Cotes</u>	Last <u>Osuno</u>	<u>Catholic</u>	<u>Pilipino</u>	<u>Brown</u>
14. AGE (At time of this birth) Year <u>1938</u>		15. BIRTHPLACE <u>Pateros Rizal</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>999</u>	

17a. INFORMANT'S SIGNATURE			c. How many children are now living <u>8</u>	b. How many other children were born alive but are now dead? <u>none</u>	c. How many fetal deaths (fetuses born dead any time after conception)? <u>none</u>
b. NAME IN PRINT: <u>TERESITA E. OSUNO</u>					
c. ADDRESS: <u>110 E. Benitez St. Cubao B.C.</u>					

18. MOTHER'S MAILING ADDRESS; Number, Street, City or Municipality, Province)
110 E. Benitez St. Cubao Dagupan City

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.		d. DATE SIGNED BY ATTENDANT AT BIRTH: _____	
a. SIGNATURE: _____		e. TITLE OF ATTENDANT AT BIRTH: <input type="checkbox"/> M.D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify) _____	
b. NAME IN PRINT: _____			
c. ADDRESS: _____			

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE: _____	b. NAME IN PRINT: <u>ROSENDA P. MANAOIS</u>	b. DATE WHEN GIVEN NAME WAS SUPPLIED: _____	
c. TITLE OR POSITION: <u>DEPUTY L.C.R. CASST. D.V. CHIEF</u>	d. DATE: _____		
e. ADDRESS: <u>QUEZON CITY</u>			

22a. LENGTH OF PREGNANCY COMPLETED WEEKS <u>NOV 17 1977</u>	22b. WEIGHT AT BIRTH _____ lbs. _____ Oz.	23. LEGITIMATE <input type="checkbox"/> Yes <input type="checkbox"/> No
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24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) July 15 (Month) 15 (Date) 1956 (Year) City or Municipality <u>Pateros</u> Province <u>Rizal</u>	25. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: _____ NAME IN PRINT: _____ TITLE OR POSITION: _____ DATE: _____
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18-239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE



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National Statistician and Civil Registrar General
Philippine Statistics Authority

