



REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
 (Fill out completely, accurately and legibly in ink or typewriting)

(To be accomplished by the Registrar)

PROVINCE \_\_\_\_\_ LOCAL CIVIL REGISTRAR \_\_\_\_\_  
 CITY/MUNICIPALITY **ILIGAN CITY**

1. NAME (First) **IVY NICOLE** (Middle) **CARAY** (Last) **SARRADO**

2. SEX (Place 'X' on appropriate answer) **X** 1 Male **X** 2 Female  
 3. DATE OF BIRTH (Day) **12** (Month) **OCTOBER** (Year) **1999**

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/Barangay) **DR. UT HOSPITAL, INC.** (City/Municipality) **ILIGAN CITY** (Province) \_\_\_\_\_

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) **X** 1 Single **X** 2 Twin **X** 3 Three or more  
 b. IF MULTIPLE BIRTH, CHILD WAS **X** 1 First **X** 2 Second **X** 3 Third, 4th, etc.

6. MAIDEN NAME (First) **NIL GRACE** (Middle) **LAPUT** (Last) **CAAVAY** 7. NATIONALITY **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

9. NAME (First) **NARDON** (Middle) **CAROT** (Last) **SARRADO** 10. NATIONALITY **FILIPINO** 11. RELIGION **ROMAN CATHOLIC**

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)  
**OCTOBER 1, 1990 - ILIGAN CITY**

13. CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at **8:02 P.M.** o'clock a.m/p.m. on the date stated above.  
 Signature: *[Signature]* Address: **ILIGAN CITY**  
 Name in print: **VICENTE SATEDEA, M. D.**  
 Title or position: **PEDIATRIC** Date: **OCTOBER 10, 1999**

14. INFORMANT  
 Signature: *[Signature]* Address: **204 CARPENTER SUBD. LSS.**  
 Name in print: **ROSE C. SARRADO** Date: **OCTOBER 14 1999**  
 Relationship to child: **MOTHER**

15a. PREPARED BY  
 Signature: *[Signature]* Address: \_\_\_\_\_  
 Name in print: **RECORDS INCHARGE** Date: **OCTOBER 10, 1999**  
 Title or position: \_\_\_\_\_  
 Date: \_\_\_\_\_

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature: *[Signature]* 1999  
 Name in print: **LOUIS E. DAVID**  
 Title or position: \_\_\_\_\_  
 Date: \_\_\_\_\_

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT \_\_\_\_\_ b. DATE WHEN INFORMATION WAS SUPPLIED **1999**

(Important informant should also provide information for items 17 and 25. The code boxes are to be filled)