



THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

LOCAL CIVIL REGISTRY NO. **93-6259**

1. NAME (First) **ADRIANA** (Middle) **ORALE** (Last) **CALAPUS**

2. SEX (Place "X" on appropriate answer)  Male  Female

3. DATE OF BIRTH (Day) **20** (Month) **March** (Year) **1993**

4. PLACE OF BIRTH (Name of Hospital/Institution, if not a hospital, give street/number) (City/Municipality) (Province)  
**Cebu Purok. Center & Maternity House Inc.** **Cebu City** **Cebu**

5. TYPE OF BIRTH (Place "X" on appropriate answer)  Single  Twin  Other

6. IF MULTIPLE BIRTH (C.I.D.) WAS  First  Second  Third, 4th, etc.

7. NATIONALITY **Phil.**

8. RELIGION **Roman Catholic**

9. NAME (First) **ADRIANA** (Middle) **ORALE** (Last) **CALAPUS**

10. NATIONALITY **Phil.**

11. RELIGION **Roman Catholic**

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)  
**March 19, 1991** **Southern Leyte**

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **12:30** o'clock a.m./p.m. on the date stated above.

Signature **J. De Jesus** Address **Cebu Purok. Center & Maternity House Inc.**  
Name in print **J. De Jesus** **Cebu City**  
Title or position **DR. DE JESUS, M.D.** **Physician**  
Date **March 20, 1993**

14. INFORMANT  
Signature **A. L. L.** Address **252 & Ascension St., Cebu City**  
Name in print **ADRIANA G. LASAN** **mother**  
Relationship to child **mother**  
Date **March 20, 1993**

15. PREPARED BY  
Signature **DR. L. L.** Address **252 & Ascension St., Cebu City**  
Name in print **DR. L. L.** **DR. L. L.**  
Title or position **DR. L. L.**  
Date **March 20, 1993**

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature **IDA A. RUIZ**  
Name in print **CLERK III**  
Title or position **CLERK III**  
Date **March 20, 1993**

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT **2190**

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. **9306259** Registration Stamp **17**

CITY/MUNICIPALITY **Cebu City**

17. Weight at Birth (in grams) **3520** **16** **8 3' 26**

18. Birth Order of Child (in first, second, etc.) **4th** **31**

19a. Total Number of Children Born Alive **6** b. How many children are now living including this birth **0** c. How many children were born alive but are now dead? **0**

20. Usual Occupation **pharmacist** **21** Age at the time of this Birth **30** **31**

22. Usual Residence (City/town/village) (Province) **252 & Ascension St., Cebu City** **Cebu** **20 17 78**

23. Usual Occupation **police man** **38** Age at the time of this Birth **41** **31**

25. Attended at Birth (Place "X" on appropriate answer)  Hospital  Home  Other

RESERVE FOR INDEXING

Sex  Male  Female Date of Issuance **20 03 93** **20 17 8**

Mother's Nationality **Phil.** Father's Nationality **Phil.**

First Name **ADRIANA** Last Name **CALAPUS**