



Province		CEBU		2013	
City/Municipality		CEBU CITY			
CHILD	1. NAME (First, Middle, Last)	ANNEA ISABELLA			
	2. SEX (Male/Female)	3. DATE OF BIRTH (Day, Month, Year)	FEMALE 09 NOVEMBER 2013		
	4. PLACE OF BIRTH (Name of Hospital, City/Municipality, Province)	C/O PERPETUA SUCOUR HOSPITAL, CEBUANO AVENUE, CEBU CITY, CEBU			
	5a. TYPE OF BIRTH (Single, Twin, etc.)	5b. WEIGHT AT BIRTH (Pounds, Ounces)	5c. LENGTH AT BIRTH (Inches)	5d. HEAD CIRCUMFERENCE AT BIRTH (Centimeters)	
MOTHER	7. MOTHER'S NAME (First, Middle, Last)	CARMEL SERRANO			
	8. CITIZENSHIP	FILIPINO			
	9. RELIGION/RELIGIOUS BELIEF	ROMAN CATHOLIC			
FATHER	10a. Total number of children born alive	10b. No. of children born living (including still-born)	10c. No. of children born dead (including still-born)	11. OCCUPATION	12. AGE at the time of the birth (Completed years)
	3	3	0	FULL-TIME EMPLOYEE	34
	13. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)	305 - E, SANGREANONG ST., PARINA CENTRAL, CEBU CITY, CEBU, PHILIPPINES			
MARRIAGE OF PARENTS (If not married, indicate the actual date of separation or annulment, if any)	14. NAME (First, Middle, Last)	JEROME TORRES			
	15. CITIZENSHIP	FILIPINO			
	16. RELIGION/RELIGIOUS BELIEF	ROMAN CATHOLIC			
17. OCCUPATION	OOBREMANT				
18. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)	305 - E, SANGREANONG ST., PARINA CENTRAL, CEBU CITY, CEBU, PHILIPPINES				
20a. DATE (Month, Day, Year)	20b. PLACE (City/Municipality, Province, Country)	NOT MARRIED NOT APPLICABLE			
21a. ATTENDANT	<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midwife (traditional birth attendant) <input type="checkbox"/> 5 Other (Specify)				
21b. CERTIFICATION OF ATTENDANT (I hereby certify that I attended the birth of the child who was born above on _____ at _____ on the date specified above.)	Signature: <i>[Signature]</i> Address: C/O PERPETUA SUCOUR HOSPITAL, CEBU CITY, CEBU Name in Print: FLORENCE GARCIA Date: September 26, 2013 Title or Position: ATTENDING PHYSICIAN				
22. CERTIFICATION OF INFORMANT (I hereby certify that all information reported hereon are correct to my own knowledge and belief.)	Signature: <i>[Signature]</i> Name in Print: CARMEL S. SERRANO Relationship to the Child: MOTHER Address: PARINA CENTRAL, CEBU CITY, CEBU Date: September 26, 2013				
23. PREPARED BY	Signature: <i>[Signature]</i> Name in Print: MELISSA N. EDISONDA Title or Position: MEDICAL RECORDS CLERK Date: September 26, 2013				
24. RECEIVED BY	Signature: <i>[Signature]</i> Name in Print: LIZ N. EDGAR Title or Position: <i>[Signature]</i> Date: <i>[Signature]</i>				
REMARKS/AMENDATIONS (For LCRO/CROs Use Only)					
TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR					

06012-3E-400VDL-00489-B001

BRAN
02217-B13ZKON-3

Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

Documentary

