



CERTIFICATE OF LIVE BIRTH
(FILL OUT COMPLETELY, ACCURATELY LEGIBLY IN INK OR TYPEWRITER)

Register Number:

(a) Civil Registrar-General No. _____

(b) Local Civil Registrar No. _____

(Municipality or City)

(Province)

Province: CEBU

City or Municipality: CEBU CITY

1. Place of Birth

a. Province: CEBU

b. City or Municipality: CEBU CITY

c. Name of Hospital or Institution (if not in hospital, give street):
CEBU CITY CENTER & MAR. HOUSE, INC.

d. Is Place of Birth Inside City Limits?
Yes (X) No ()

2. Usual Residence of Mother (Where does mother live?)

a. Province: CEBU 2817A

b. City or Municipality: CEBU CITY 2217A

c. Number and Street: 11, APOLLARIN ST. DULAO

d. Is Residence Inside City Limits?
Yes (X) No ()

e. Is Residence on a Farm?
Yes () No ()

3. Name (Type or print) RUTHIE DORECTO LASCUNA '08

4. Sex: Female Single () Twin () Triplet () 1st () 2nd () 3rd () Month Day Year
APR 11 1979

5. Name: MARIVY CABARRA LASCUNA R.C. PNV PHIL

6. Date of Birth: APR 11 1979

7. Age (At time of this birth): 29 10. Birthplace: Minglanilla, Cebu 11a. Usual Occupation: Seller 11b. Kind of Business or Industry:

8. Maiden Name: ROSALTA DACARAN DORECTO LASCUNA PNV PHIL

9. Age (At time of this birth): 28 10. Birthplace: Cebu City 10. Previous Deliveries to Mother: 9
(Do not include this birth)

11a. Instrument's Signature: Rosalta Lascuna 11b. How many other children are now living? 2 11c. How many other children were born alive but are now dead? 0 11d. How many fetal deaths (stillborn) have been reported since last census? 0

12. Address: ROSALTA LASCUNA 2 12. Nationality: PNV 13a. Race: PHIL

13. Mother's Mailing (Address: Number, Street, City or Municipality, Province):
11, APOLLARIN ST. DULAO, CEBU CITY

14. I hereby certify that I attended the birth of this child who was born alive at _____
a. Signature: _____ b. Name in Print: _____ c. Title or Position: _____
d. Date Signed by Attendant at Birth: _____

15. Name of Attendant at Birth: _____
a. M. N. _____ b. Other (Specify): _____

16. a. Given Name Added from Supplemental Report: _____
b. Date When Given Name was Supplied: _____

17. Length of Pregnancy: _____
18. Date and Time of Delivery of Child: _____
19. Date of Birth: _____
20. This Certificate is prepared by: _____
Signature: _____
Name in Print: _____
Title or Position: _____
Date: _____

IMPORTANT: DO NOT DETACH LOCAL CIVIL REGISTRAR MUST ACCOMPANY THIS PORTION

RESERVE FOR BINDING



Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office