



(To be completed by the Registrar)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

90-20744

PROVINCE \_\_\_\_\_  
CITY/MUNICIPALITY Norona

LOCAL CIVIL REGISTRY NO. \_\_\_\_\_

1. NAME (First, Middle, Last)  
WILFAR BECHILLER DIAZ

2. SEX (Place X on appropriate answer) 3. DATE OF BIRTH (Day, Month, Year)  
 Male  Female 23 March 1996

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give street/barangay) (City/Municipality) (Province)  
Torido Fore shore by rd. In San Jacinto St.

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

6. MAIDEN NAME (First, Middle, Last)  
WILFAR BECHILLER DIAZ

7. NATIONALITY  
Philippine

8. RELIGION  
R.C.

9. NAME (First, Middle, Last)  
Glenn Antonio Diaz

10. NATIONALITY  
Philippine

11. RELIGION  
R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important, if not applicable, fill Affidavit of Acknowledgment at the back)  
April 12, 1985 Caba

13. CERTIFICATE OF ATTENDANT AT BIRTH  
herby certify that I attended the birth of the child who was born alive at 12:00 clock a.m./p.m. on the date stated above.

Signature Marcosita B. Diaz  
Name in print Marcosita B. Diaz  
Title or position Midwife

Address Torido Fore shore by rd.  
Date 3-23-96

14. INFORMANT  
Signature Alfonso B. Diaz  
Name in print Alfonso B. Diaz  
Relationship to child Father

Address 120 C.P. Garcia  
Date 3-23-96

15a. PREPARED BY  
Signature M. B. Diaz  
Name in print M. B. Diaz  
Title or position Midwife

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in print MARCO B. DIAZ  
Title or position CITY CIVIL REGISTRAR  
Date 3-23-96

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

16b. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED