



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 TO BE ACCOMPANIED BY DELICATES

Province: _____ Register Number: _____
 City or Municipality: MANILA (a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 50/241

1. PLACE OF BIRTH
 a. PROVINCE _____
 b. CITY OR MUNICIPALITY MANILA
 c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PERPETUAL SUCCOR HOSPITAL
 d. IS PLACE OF BIRTH BEING CITY LAUGH? Yes No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
 a. PROVINCE _____
 b. CITY OR MUNICIPALITY PARANAQUE METRO MANILA
 c. NUMBER AND STREET PARANAQUE METRO MANILA 9104 E. RODRIGUEZ ST., SANTO NIÑO,
 d. IS RESIDENCE INSIDE CITY? Yes No e. IS RESIDENCE ON A FARM? Yes No

3. NAME (Type or print) CLARIFTEL MERIE ABADIANO Last DINGLASA
 4. SEX F 5a. If TWIN OR TRIPLEZ, WAS CHILD 1st 2nd 3rd 5b. DATE OF BIRTH Month 1 Day 1 Year 81

7. NAME CLARINO JONUAD DINGLASA 8. MARRIAGE R.C. 9. BR. _____
 10. AGE (At time of this birth) 30 11. BIRTHPLACE BO. SAN ROQUE, CEBU 12. USUAL OCCUPATION MECH. ENG'R. 13. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

14. BIRTH NAME GIRLIE FLORES MADRANO 15. BIRTHPLACE LANAO DEL NORTE
 16. AGE (At time of this birth) 30 17. MARRIAGE R.C. 18. BR. _____
 19. FREQUENT DELIVERIES TO MOTHER (Do not include this birth) NONE

20. INFORMANT'S SIGNATURE CLARINO JONUAD DINGLASA 21. How many children are now living? NONE
 b. NAME IN PRINT SAME AS ABOVE 22. How many other children were born alive but since deceased? NONE
 c. Address _____ 23. How many months (defined as 1 month) spent in hospital? 0

24. MOTHER'S MARRIAGE ADDRESS 9104 E. RODRIGUEZ ST., SANTO NIÑO, PARANAQUE METRO MANILA
 25. I hereby certify that I attended the birth of this child who was born alive at 2:30 o'clock P. M. on the date above indicated. 26. DATE SIGNED BY ATTENDANT AS BIRTH ATTENDANT AT BIRTH 1-2-81

27. SIGNATURE OF ATTENDANT AT BIRTH _____
 b. NAME IN PRINT DR. LIZILIE T. MAHALON 28. TYPE OF ATTENDANT AT BIRTH M.D. MIDWIFE NURSE OTHER (Specify) _____
 c. Address P. S. H. M. 29. c. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT _____
 20. RECEIVED BY THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: _____ 30. DATE WHEN GIVEN NAME WAS SUPPLIED 1-2-81

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT _____
 b. DATE WHEN GIVEN NAME WAS SUPPLIED 1-2-81
 22. LENGTH OF PREGNANCY _____ 23. Legitimate Yes No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legal birth) AUGUST 12 1980
 (Month) MONTH (Date) _____ (Year) _____
 City or Municipality _____ Province _____
 25. THIS CERTIFICATE IS PREPARED BY _____
 SIGNATURE: ISABELITA S. PEREZ
 NAME IN PRINT: _____
 TITLE OR POSITION: C. REG. DATE: 1-2-81

26. SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

RESERVE FOR FINDING

01628-DF-003MAA-00846-BI001

BEST POSSIBLE IMAGE



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03906-A81B11Y-3

Carmelita N. Erica
CARMELITA N. ERICIA
 Administrator and Civil Registrar General
 National Office of Statistics