REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(PLEASE FILL OUT CORRECTLY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

LCR No. _____

Register Number:
(a) Civil Registrar-General No. 5991-82
(b) Local Civil Registrar No. _____

Province: Cebu
City or Municipality: Cebu City

(Municipality or City)

(Province)

CHILD

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 number): Cebu Plaza Center & Maternity Home, Inc.
   d. Is Place of Birth Inside City Limits? Yes ☒ No ☐
2. Usual Residence of Mother (Where Enumerated)
   a. Province: Cebu
   b. City or Municipality: Mandaue City
   c. Barangay: Opao
   d. Is Residence Inside City Limits? Yes ☒ No ☐
   e. Is Residence on a Farm? Yes ☐ No ☐
3. Name (Type or print): First: CHERRY LYNN Middle: TAN Last: CORTES
4. Sex: Female
5a. Type of Birth: Single
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month Sept. Day 10, Year 1982
7. Religion: Roman Catholic
8. Nationality: Fil.
9. Race: Chinese

FATHER

10. Name: First: TOMBANI Middle: SEATON Last: CORTES
11. Age (At time of this birth): Years 32
12. Birthplace: Opao, Mandaue City, Cebu
13. Occupation: Businessman
14. Nationality: Fil.
15. Race: Chinese

MOTHER

16. Maiden Name: First: NATALIE Middle: YSIEZ Last: TAN
17. Age (At time of this birth): Years 26
18. Birthplace: Switland
19. Occupation: L. Cortes
20. Previous Deliveries by Mother (Do not include this birth)
    a. How many children are now living? 0
    b. How many other children were born alive but are now dead? 0
    c. How many fetal births (Stillborn) have occurred after this pregnancy? 0
21. Name of Informant: TOMBANI CORTES
22. Address: Opao, Mandaue City, Cebu
23. Mother's Maiden Address (Number, Street, Town or Barrio): Opao, Mandaue City, Cebu

ATTENDANT AT BIRTH

24. I hereby certify that I attended the birth of this child who was born alive at 8:27 o'clock a.m. on the date above indicated.
    a. Signature: _____
    b. Name of Father: Dr. BRIEN FRANKLIN TAN
    c. Address: Cebu Plaza Center & Mat. Home, Inc.
    d. Date Signed: _____
25. Attendant at Birth
    ☐ M. D.
    ☐ Midwife
    ☐ Nurse
    ☐ Others (Specify)
26. Certified by the Local Civil Registrar
    a. Signature: _____
    b. Name of Father: _____
    c. Title or Position: _____
    d. Date: _____
27. Was Child Name Added from Supplemental Report?
    a. Date Where Child Name Was Included: 16
28. Legitimate or Illegitimate: Legitimate
29. Number of Pregnancy: 9
30. Number of Births: This Birth 6, Other 0
31. Legitimate Children Now Living: Including This Child 1
32. Date and Time of Marriage of Parents (If legitimate, write): June 24, 1979
33. Date and Time of Death of Mother: Date of Death 1 Hour after Delivery
34. Date Received by Local Civil Registrar: Month Sept. Day 10, Year 1982
    By: Wilma C. Cortes, Clerk

Date: Opao, Mandaue City, Cebu

6000

IMPORTANT: DO NOT WRITE IN THIS PORTION

1 (a). _____
1 (b). _____
1 (c). _____
2. _____
3 (a). _____
3. _____
4. _____
5 (a). _____
5. _____
6. _____
7. _____
11 (a). _____
11. _____
12. _____
13. _____
14. _____
15. _____
16 (a). _____
16 (b). _____
16 (c). _____
17. _____

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CARMELITA N. ERICTA