

**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. **612 (969)**

Province: \_\_\_\_\_

City or Municipality: **Manila**

1. PLACE OF BIRTH

a. PROVINCE \_\_\_\_\_

b. CITY OR MUNICIPALITY **Manila**

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **ST. ANNE'S HOSPITAL**

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Yes  No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE **Rizal**

b. CITY OR MUNICIPALITY **Makati**

c. NUMBER AND STREET

**4096 Gen. Mascardo, Makati Rizal**

d. IS RESIDENCE INSIDE CITY LIMITS?

Yes  No

e. IS RESIDENCE ON A PARCEL?

Yes  No

CHILD

3. NAME (Type or print)

First **LIDALIZA** Middle **FISALBON** Last **ESPARCIA**

4. Sex

Female  Male  SINGLE  TWIN  TRIPLET

5b. IF TWIN OR TRIPLET, WAS CHILD

1st  2nd  3rd

6. DATE OF BIRTH

Month **July** Day **11** Year **1969**

PARENT

7. NAME (Type or print) First **David** Middle **Teves** Last **Esparcia**

RELIGION **Catholic**

8. NATIONALITY **Filipino** 9. RACE **Brown**

9. Age (At time of this birth) Years **33**

10. BIRTHPLACE **Tangbo, Samboan, Cebu**

11c. USUAL OCCUPATION **Employee ( Firestone )**

12. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

PARENT

12. MOTHER'S NAME (Type or print) First **Elizabeth** Middle **R.** Last **Fisalbon**

RELIGION **Catholic**

13. NATIONALITY **Filipino** 14. RACE **Brown**

14. Age (At time of this birth) Years **33**

15. BIRTHPLACE **Sanboan, Cebu**

16. PARTS DELIVERED TO MOTHER (Do not include this birth) **8**

**8**

17. INFORMANT'S SIGNATURE: **David Esparcia**

a. NAME IN PRINT:

**David Esparcia**

c. ADDRESS

17. How many children are now living? **7**

18. How many other children were born alive but now dead? **1**

19. How many fetal deaths (abuses born dead any time after conception)? **0**

18. Mother's Usual Address: (Number, Street, City or Municipality, Province) **4096 Gen. Mascardo, Makati Rizal**

**ATTENDANT AT BIRTH**

19. I hereby certify that I attended the birth of this child who was born on **5:21** o'clock **P.** M. on the date here indicated.

SIGNATURE: **NOEMI TBSTA, M.D.**

a. NAME IN PRINT: **NOEMI TBSTA, M.D.**

c. ADDRESS: **2309 del Pan, Sta. Ana, Manila**

d. DATE SIGNED BY ATTENDANT AT BIRTH: **7-22-69**

e. TITLE OF ATTENDANT AT BIRTH: **M. D.**

M. D.  MIDWIFE  NURSE  OTHER (Specify) \_\_\_\_\_

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: \_\_\_\_\_

b. NAME IN PRINT: \_\_\_\_\_

c. TITLE OR POSITION: \_\_\_\_\_

d. DATE: \_\_\_\_\_

21. a. GIVEN NAME ADDED FROM SUPPLEMENTARY REPORT: \_\_\_\_\_

b. DATE WHEN GIVEN NAME WAS SUPPLIED: \_\_\_\_\_

21. Length of Pregnancy

**38** Completed Weeks

22. WEIGHT AT BIRTH

**7** Lbs.

**9** Oz.

Yes  No

23. DATE AND TIME OF BIRTH AS DECLARED BY MOTHER (Part 1) Month **January** Day **3** Year **1959**

24. DATE AND TIME OF BIRTH AS DECLARED BY: \_\_\_\_\_

SIGNATURE: **LEONIS G. PENNA**

NAME IN PRINT: **LEONIS G. PENNA**

TITLE OR POSITION: **Clerk**

DATE: **July 22, 1969**

