



CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: **CEBU** Registrar Numbers:
(a) Civil Registrar Gen. No. _____
(b) Local Civil Registrar No. **187/0-83**

1. Place of Birth a. Province CEBU	2. Usual Residence of Mother (Where does mother live?) a. Province CEBU
b. City or Municipality CEBU CITY	b. City or Municipality CEBU CITY
c. Name of Hospital or Institution (If not Hospital give street address) SOUTHERN ISLAND HOSPITAL	c. Number and Street MOLAVE TABUNOK BALIBAY, CEBU
d. Is place of Birth inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. Is Residence on a farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or Print) First HERNAN Middle ROMARIO Last ROMARIZ	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin or Triplet, was Child 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. Date of Birth Month JAN Day 27 Year 1969	
7. Name First VIOLANTE Middle HERNANDEZ Last ROMARIZ	8. Religion RC	9. Age (At time of this birth) Years 38	10. Birthplace BOLJON	11a. Usual Occupation LABORER	11b. Kind of service or industry _____

12. Maiden Name First BERNA Middle ELIBERTO Last ROMARIZ	13. Religion RC	14. Age (At time of this birth) Years 33	15. Birthplace VILLAHERMOSA NEG. OCC.	16. Previous Deliveries to Mother (Do not include this birth) 5 997
17a. Informant's Signature: _____ b. Name in Print: BERNA ROMARIZ c. Address: Davao Romariz	17b. How many children born alive to mother? 4	17c. How many other children born alive to mother? 0	17d. How many other children born dead to mother? 0	17e. How many other children born stillborn to mother? 0
18. Mother's Mailing Address: (Number, Street, City, or Municipality, Province) MOLAVE TABUNOK BALIBAY, CEBU 33				

19. ATTENDANT AT BIRTH	
I hereby certify that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.	d. Declared by Attendant at Birth: 1/27/69
a. Signature: _____ b. Name in Print: ANITA PARRAS	e. Name of Attendant at Birth: _____ f. Address: _____
c. Office of the Local Civil Registrar by: _____ Signature: _____ b. Name in Print: _____ c. Title or Position: _____ d. Date: 2/7/69	20. Given Name added From Supply: _____ b. Date when given Name was supplied: 1/27/69

22a. Length of Pregnancy Completed Weeks 39	22b. Weight at Birth 1507 gms.	23. Legitimate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Date and Place of Marriage of Parents (For Legitimate Birth) Date: JAN 12 1969 Place: CEBU CITY		25. This Certificate is prepared by: _____ Signature: _____ Name in Print: DOLORES BRAGA Title or Position: _____ Date: 1/27/69

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL REPORT) **1040**