

BOOK NO
PAGE NO
DOC NO

Republic of the Philippines

OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

REGISTERED PURSUANT TO RULE
ADMINISTRATIVE ORDER NO. 1
SERIES OF 1992.

Province **BULACAN** Registry No. **2009 3232**
City/Municipality **MEYCAUAYAN**

LATB REGISTRATION

1. NAME (First) (Middle) (Last)
MA. CHRISTINA DEGALA MANIEGO

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
30 APRIL 1975

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
PASOLO CLINIC, MEYCAUAYAN, BULACAN

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) **8th** (first, second, third, etc.)

d. WEIGHT AT BIRTH **2722** grams

For DCRG USE ONLY:
Population Reference No.

6. MAIDEN NAME (First) (Middle) (Last)
FELY DEPOSITARIO DEGALA

7. CITIZENSHIP **FILIPINO** **RELIGION** **IGLESIA NI KRISTO**

9a. Total number of children born alive: **8**

b. No. of children still living including this birth: **8**

c. No. of children born alive but are now dead: **0**

10. OCCUPATION **EMPLOYEE** **Age at the time of this birth:** **30** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
MEYCAUAYAN, BULACAN

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

13. NAME (First) (Middle) (Last)
BENEDICTO JAURELLA MANIEGO

14. CITIZENSHIP **FILIPINO** **15. RELIGION** **IGLESIA NI KRISTO**

16. OCCUPATION **EMPLOYEE** **17. Age at the time of this birth:** **33** years

41

48

49 50

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
DECEMBER 19, 1965 - CAGAYAN DE ORO CITY - MISAMIS ORIENTAL

56

62 64

68 69

70 72 74

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify)

76 78

81

86 87

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **8:00 PM.** o'clock
am/pm on the date stated above.

Signature **DR. VALENZUELA** Address **MEYCAUAYAN, BULACAN**
Name in Print **PHYSICIAN** Date **APRIL 30, 1975**
Title or Position

88 91

20. INFORMANT
Signature **MA. CHRISTINA MANIEGO** Address **LINAO, TALISAY CITY, ORDU**
Name in Print **HERSELF** Date **JULY 13, 2009**
Relationship to the child

93

94

21. PREPARED BY
Signature **BERNARDINO G. CABANERO**
Name in Print **REGISTRATION OFFICER II**
Title or Position
Date **SEP 03 2009**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
RECEIVED BY:
Signature **BERNADETTE R. VENTURA**
Name in Print **BERNADETTE R. VENTURA**
Title **CITY CIVIL REGISTRAR**
Date

