



(Copy for OCR)

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH		REMARKS/ANNOTATION
Province: <u>CEBU</u> Registry No. <u>3250</u> City/Municipality: <u>CEBU CITY</u> <u>97-16990</u>		
1. NAME (First) (Middle) (Last) <u>CLARICE BAYANA ALMIRANTE</u>		41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
2. SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female 3. DATE OF BIRTH (day) (month) (year) <u>10 JULY 1997</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU</u>		
5a. TYPE OF BIRTH: <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS: <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>SECOND</u>		
d. WEIGHT AT BIRTH <u>2420</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>BEBIE LECIONES BAYANA</u>		
7. CITIZENSHIP: <u>FILIPINO</u>		
8. RELIGION: <u>CATHOLIC</u>		
9a. Total number of children born alive: <u>2</u> b. No. of children still living including this birth: <u>2</u> c. No. of children born alive but are now dead: <u>NONE</u>		
10. OCCUPATION: <u>HOUSEWIFE</u>		
11. Age at the time of this birth: <u>26</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>HIDDEN PLAINS BORBAJO ST., TALAMBAN, CEBU CITY</u>		
13. NAME (First) (Middle) (Last) <u>REINHARD ROSELL ALMIRANTE</u>		
14. CITIZENSHIP: <u>FILIPINO</u>		
15. RELIGION: <u>CATHOLIC</u>		
16. OCCUPATION: <u>CLERK</u>		
17. Age at the time of this birth: <u>26</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MARCH 20, 1996 - ST. THERESA CHURCH, LANIG, CEBU CITY</u>		
19a. ATTENDANT: <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at <u>4:30 PM</u> o'clock am/pm on the date stated above.		
Signature: <u>[Signature]</u> Address: <u>PERPETUAL SUCCOUR HOSPITAL</u> Name in Print: <u>MA. HIPOLITA AS. LITRE, M.D.</u> <u>GORDO AVENUE CEBU CITY</u> Title or Position: <u>ATTENDING PHYSICIAN</u> Date: <u>JULY 22, 1997</u>		
20. INFORMANT: Signature: <u>[Signature]</u> Address: <u>HIDDEN PLAINS BORBAJO</u> Name in Print: <u>MRS. BEBIE A. ALMIRANTE</u> <u>TALAMBAN, CEBU CITY</u> Relationship to the child: <u>MOTHER</u> Date: <u>JULY 11, 1997</u>		
21. PREPARED BY: Signature: <u>[Signature]</u> Name in Print: <u>VICTORIA L. CAMPOS</u> Title or Position: <u>MEDICAL RECORD CLERK</u> Date: <u>JULY 11, 1997</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: <u>[Signature]</u> Name in Print: <u>VELYN A. ABADIA</u> Title or Position: <u>CLERK</u> Date: <u>JUL 13 1997</u>		

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BRen

Lisa Grace S. Bernal