



REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

WRITE OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

Province: Cebu Register Number: (a) Civil Registrar-General No. 2489(22)
 City or Municipality: Cebu (b) Local Civil Registrar No. 2489(22)

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE	<u>Cebu</u>	a. PROVINCE	<u>Cebu</u>
b. CITY OR MUNICIPALITY	<u>Cebu</u>	b. CITY OR MUNICIPALITY	<u>Cebu</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. NUMBER AND STREET	
<u>London Cebu</u>		<u>Cebu</u>	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS?		4. IS RESIDENCE INSIDE CITY LIMITS?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. IS RESIDENCE ON A FARM?		4. IS RESIDENCE ON A FARM?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME (Type or print) JENIFER LESTRO SANTOS

4. SEX F 5. DATE OF BIRTH 3 1977

6. IS TWIN OR TRIPLET, WAS CALLED 1st 2nd 3rd Month 7 Day 3 Year 1977

7. NAME Jenifer 8. REGION AT 9. NATIONALITY Philippine

10. BIRTHPLACE Cebu 11a. USUAL OCCUPATION Probationer 11b. KIND OF BUSINESS OR INDUSTRY None

12. MOTHER'S NAME Jocelyn 13. MOTHER'S EDUCATION High 14. MOTHER'S AGE 22 15. MOTHER'S BIRTHPLACE Cebu

16. PREVIOUS DELIVERED 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 deaths (miscarriage, stillborn, or any loss after conception)? 0

17a. INFORMANT'S SIGNATURE Jenifer 17b. NAME IN PRINT Jenifer

18. MOTHER'S MARITAL STATUS (Single, Married, Widowed, Divorced, Separated) Single

19. I hereby certify that I attended the birth of this child who was born alive at Cebu M. on the date above stated.

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: a. SIGNATURE Jenifer b. NAME IN PRINT Jenifer c. TITLE OR POSITION Registrar d. DATE May 5, 1977

21. a. GIVEN NAME ENTERED FROM SUPPLEMENTAL REPORT Jenifer b. DATE WHEN GIVEN NAME WAS SUPPLIED May 5, 1977

22a. LENGTH OF PREGNANCY Completed 22b. WEIGHT AT BIRTH 4 23. LEGITIMATE YES NO

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) Dec 91 1976

25. THIS CERTIFICATE IS PREPARED BY: SIGNATURE Lisa Grace S. Bersales NAME IN PRINT LISA GRACE S. BERSALES TITLE OR POSITION National Statistician and Civil Registrar General DATE May 5, 1977

18-219

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

3320

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BEST POSSIBLE IMAGE



BReN
05401-A77K30A-3
Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority