



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province MISAMIS ORIENTAL		City/Municipality CAGAYAN DE ORO CITY		Registry No. 2012 14.112
CHILD	1. NAME (First) JOSIAH ANTHONY (Middle) TROFILO (Last) URAB	2. SEX (Male / Female) Male		
	3. DATE OF BIRTH (Day) 21 (Month) AUGUST (Year) 2012		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) ODO Maternity Children's Hospital & Puericulture Center, Cagayan de Oro City, Misamis Oriental	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) Second	5c. BIRTH ORDER (Order of the birth to produce the child including twinning) (First, Second, Third, etc.) Second	
	6. WEIGHT AT BIRTH 2,400 grams		7. MAIDEN NAME (First) ANN LYN (Middle) ANAY (Last) TROFILO	
MOTHER	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT Baptist	
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION EMPLOYEE
	12. AGE of the first of the birth (completed years) 32		13. RESIDENCE (House No., St., Barangay) Z-1-A Crossing Iponan, Cagayan de Oro City, Misamis Oriental, Phil.	
	14. NAME (First) ROGER CHARLES (Middle) SERRANO (Last) URAB		15. CITIZENSHIP Filipino	
FATHER	16. RELIGION/RELIGIOUS SECT Baptist		17. OCCUPATION BUSINESSMAN	
	18. RESIDENCE (House No., St., Barangay) Z-1-A Crossing Iponan, Cagayan de Oro City, Misamis Oriental, Phil.		18. AGE of the first of the birth (completed years) 28	
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
	20a. DATE (Month) APRIL (Day) 24 (Year) 2004	20b. PLACE (City / Municipality) Cagayan de Oro City, Mis.Or., Philippines		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at 10:56 PM on the date of birth specified above				
Signature <i>[Signature]</i> Name in Print LIWANAG MARICHU SANTIAGO, MD. Title or Position Attending Physician		Address ODO Maternity Children's Hosp. & Puericulture Center Date August 30, 2012		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print ANN LYN T. URAB Relationship to the Child Mother Address Iponan, Cagayan de Oro City Date August 24, 2012		23. PREPARED BY Signature <i>[Signature]</i> Name in Print JOSEPHINE K. DAOMILAS Title or Position Clerk Date August 30, 2012		
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print JHISY ROZEL WEN Title or Position ADMIN. AIDES Date 9 04 12		25. REGISTERED BY (FOR CIVIL REGISTRAR) Signature <i>[Signature]</i> Name in Print MOSHA M. VIDAL Title or Position Asst. City Civil Registrar Date 10 04 12		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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BEST POSSIBLE IMAGE



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[Signature]
CLAIRE DENNIS S. MAPA, Ph. D
National Statistician and Civil Registrar General
Philippine Statistics Authority