

Republic of the Philippines									
OFFICE OF THE CIVIL REGISTRAR GENERAL									
CERTIEICATE OF LIVE BIRTH									
Province <u>LANAO DEL SUR</u>						Registry No. 4543454			
City/Municipality <u>BUTIG</u>									
CHILD	1. NAME			(First)	(Middle)	(Last)			
	Voluptatem unde magn			Adipiscing laborum			Ullam consectetur en		
	2. SEX		(Male/Female)	3. DATE OF BIRTH			2023-01-01		
	4. PLACE OF BIRTH			(Name of Hospital/Clinic/Institution/ House No.,St.,Barangay)			(City/Municipality)		(Province)
5a. TYPE OF BIRTH			5b. IF MULTIPLE BIRTH,		5c. BIRTH ORDER		6. WEIGHT AT BIRTH		
(Single, Twin, Triplet, etc)			CHILD WAS		(Order of this birth to previous live births including fetal death)				
AUT DOLOREM DUIS VEL			(First, Second, Third etc.)		(First, Second, Third etc.)		78		
NOT APPLICABLE			PERSPICIATIS LABORE						
MOTHER	7. MAIDEN NAME			(First)	(Middle)	(Last)			
	Accusamus ab volupta			Vel qui qui porro vo			Vel qui qui porro vo		
	8. CITIZENSHIP			Sed tempore illo ma			9. RELIGION		
	10a. Total number of children born alive		10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION		12. AGE at the time of this birth		
94		77	86	NULLA QUIA SAEPE AUT		(completed years) 10			
13. RESIDENCE			(House No.,St.,Barangay)			(City/Municipality)	(Province)	(Country)	
Eiusmod sed mollit e									
FATHER	14. NAME			(First)	(Middle)	(Last)			
	Ex quia ut est qui e			Vel duis tenetur acc			In qui sint sed est		
	15. CITIZENSHIP		16. RELIGION		17. OCCUPATION		18. AGE at the time of this birth		
	INVENTORE QUI PRAESE		EXERCITATION NON UT		(completed years)				
19. RESIDENCE			(House No.,St.,Barangay)			(City/Municipality)	(Province)	(Country)	
Nisi cupidatat culpa									
MARRIAGE OF PARENTS									
20a. DATE				1970-08-05		20b. PLACE		(City/Municipality)	(Province) (Country)
21a. ATTENDANT									
1 Physician 2 Nurse <u>X</u> 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)									
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)									
I hereby certify that I attended the birth of the child who was born alive at am/pm on the date of specified above.									
Signature _____					Address _____				
Name in Print _____									
Title or Position <u>PHYSICIAN</u>					Date _____				
22. CERTIFICATION OF IMPORMANT					23. PREPARED BY				
I hereby certify that all information supplied are true and correct to my own knowledge and belief.									
Signature _____					Signature _____				
Name in Print _____					Name in Print <u>SOHAILLY D KIRAM</u>				
Relationship to the Child _____					Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>				
Address _____					Date <u>2023-01-23 00:57:32</u>				
Date _____									
24. RECEIVED BY					25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR				
Signature _____					Signature _____				
Name in Print <u>SOHAILLY D KIRAM</u>					Name in Print <u>SOHAILLY D KIRAM</u>				
Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>					Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>				
Date <u>2023-01-23 00:57:32</u>					Date <u>2023-01-23 00:57:32</u>				
									