

Republic of the Philippines						
OFFICE OF THE CIVIL REGISTRAR GENERAL						
CERTIFICATE OF LIVE BIRTH						
Province <u>LANAO DEL SUR</u>				Registry No. 66		
City/Municipality <u>BUTIG</u>						
CHILD	1. NAME (First) (Middle) (Last)					
	2. SEX (Male/Female)		3. DATE OF BIRTH			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No.,St.,Barangay) (City/Municipality) (Province)					
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc)		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third etc.) NOT APPLICABLE		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third etc.)	
MOTHER	7. MAIDEN NAME (First) (Middle) (Last)					
	8. CITIZENSHIP			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 (completed years)	
	13. RESIDENCE (House No.,St.,Barangay) (City/Municipality) (Province) (Country)					
FATHER	14. NAME (First) (Middle) (Last)					
	15. CITIZENSHIP		16. RELIGION		17. OCCUPATION	
	19. RESIDENCE (House No.,St.,Barangay) (City/Municipality) (Province) (Country)			18. AGE at the time of this birth (completed years)		
MARRIAGE OF PARENTS						
20a. DATE			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 _____			Date _____			
22. CERTIFICATION OF IMPORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print _____ Relationship to the Child _____ Address _____ Date _____			23. PREPARED BY Signature _____ Name in Print <u>SOHAILLY D KIRAM</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>2023-02-16 06:08:09</u>			
24. RECEIVED BY Signature _____ Name in Print <u>SOHAILLY D KIRAM</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>2023-02-16 06:08:09</u>			25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>SOHAILLY D KIRAM</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>2023-02-16 06:08:09</u>			
						