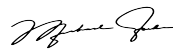


Republic of the Philippines									
OFFICE OF THE CIVIL REGISTRAR GENERAL									
CERTIFICATE OF LIVE BIRTH									
Province <u>LANAO DEL SUR</u>						Registry No. 6767			
City/Municipality <u>PIAGAPO</u>									
CHILD	1. NAME (First) (Middle) (Last) Est ut magna eu at e Sed est dolor molest Dolores veniam qui								
	2. SEX (Male/Female) Male		3. DATE OF BIRTH 2014-07-14						
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No.,St.,Barangay) (City/Municipality) (Province) Animi quis sint ul Piagapo Lanao Del Sur								
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc) LABORE REPREHENDERIT		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.) 34		6. WEIGHT AT BIRTH 68		
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) Magnam reprehenderit Quo ea commodofuga Quo ea commodofuga								
	8. CITIZENSHIP Filipino				9. RELIGION Islam				
	10a. Total number of children born alive 75		10b. No. of children still living including this birth 97		10c. No. of children born alive but are now dead 99		11. OCCUPATION POSSIMUS DELENITI P		12. AGE at the time of this birth (completed years) 11
	13. RESIDENCE (House No.,St.,Barangay) (City/Municipality) (Province) (Country) Aperiam inventore qu Piagapo Lanao Del Sur								
FATHER	14. NAME (First) (Middle) (Last) Velit perspiciatis Est dolor voluptate Sit reprehenderit nu								
	15. CITIZENSHIP FILIPINO		16. RELIGION ISLAM		17. OCCUPATION CORPORIS TOTAM ENIM		18. AGE at the time of this birth (completed years)		
	19. RESIDENCE (House No.,St.,Barangay) (City/Municipality) (Province) (Country) Enim cupiditate eos Piagapo Lanao Del Sur								
MARRIAGE OF PARENTS									
20a. DATE 2021-02-28				20b. PLACE (City/Municipality) (Province) (Country) Piagapo Lanao Del Sur					
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>HILOT</u>					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>HANIFA HADJI YASSER</u> Title or Position <u>CLERK 1</u> Date <u>2023-02-16 06:39:50</u>				
24. RECEIVED BY  Signature _____ Name in Print <u>NORAIDA CORNELL</u> Title or Position <u>CLERK 2</u> Date <u>2023-02-16 06:40:43</u>					25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  Signature _____ Name in Print <u>NANAYAON MANALOCON</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>2023-02-16 06:41:19</u>				
									