LCR-NO. _____

(Municipality or City)

(Province)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: Leyte

City or Municipality: St. Bernard

Register Numbers:
(a) Civil Registrar-General's No. _____
(b) Local Civil Registrar's No. 991

1. Place of Birth
a. Province: Leyte
b. City or Municipality: St. Bernard
c. Name of Hospital or Institution (If not in hospital, give house address): _____
d. Is Place of Birth Inside City Limits? Yes ☐ No ☐

2. Usual Residence of Mother (Where does mother live?)
a. Province: Leyte
b. City or Municipality: St. Bernard
c. Number and Street: Mainbongabong
d. Is Residence Inside City Limits? Yes ☐ No ☐
e. Is Residence in a Rural Area? Yes ☐ No ☐

CHILD
3. Name (Name of child): Dilo (First) _____ (Middle) Lingayo (Last)
4. Sex: M
5. This Birth: Single ☒ Twin ☐ Triplet ☐
6. If Twin or Triplet, Was Child: 1st ☐ 2nd ☐ 3rd ☐
7. Date of Birth: Month July, Day 4, Year 70
8. Religion: _____
9. Nationality: _____
10. Race: _____

FATHER
11. Name: Julian (First) _____ (Middle) Lingayo (Last)
12. Age (At time of this birth): Years 32
13. Citizenship: Mahayahay, St. Bernard
14. Usual Occupation: _____
15. Kind of Business or Industry: _____
16. Religion: _____
17. Nationality: _____
18. Race: _____

MOTHER
19. Maiden Name: Lina (First) _____ (Middle) Lingayo (Last)
20. Age (At time of this birth): Years 32
21. Citizenship: Alegria, Liloan
22. Previous Deliveries to Mother (Do not include this birth): 5
a. How many children are now living? 4
b. How many other children were born alive but are now dead? 0
c. How many fetuses have been born dead since your last pregnancy? 0

23. Informant's Name: _____
a. Name in Print: _____
b. Address: _____

24. Informant's Mailing Address (Number, Street, City or Municipality, Province): _____

25. ATTENDANT AT BIRTH
I hereby certify that I attended the birth of this child who was born alive at 3:20 o'clock P.M. on the date above indicated.
a. Signature: [illegible]
b. Name in Print: [illegible]
c. Address: [illegible]

26. a. Date Signed by Attendant at Birth: _____
b. Title of Attendant at Birth: ☐ M. D. ☒ Midwife ☐ Nurse ☐ Others (Specify)

27. Received by the Office of the Local Civil Registrar (If)
a. Signature: _____
b. Name in Print: _____
c. Title or Position: _____
d. Date: _____

27. c. Given Name Added from Supplemental Report: _____
d. Date When Given Name Was Reported: _____

28. Place of Delivery: Complete Address: _____

29. Weight at Birth: _____ kg. _____ Oz.

30. Legitimate: ☒ Yes ☐ No

31. Date and Place of Marriage of Parents (For legitimate birth): May (Month) 6 (Date) 1967 (Year)
City or Municipality: St. Bernard, Province: Leyte

32. This Certificate is Prepared by:
Signature: _____
Name in Print: _____
Title or Position: _____
Date: _____

3160

(STAGE FOR MEDICAL AND HEALTH USAGE FOR SPECIAL PURPOSES)

19—201

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1.(a) 51
1.(b) 31
1.(c) 2
2. 95
2.(a) _____
4. 4
5.(a) 4
5.(b) 1
6. 70
8. _____
9. 1
11.(c) 32
11.(b) 95
13. _____
14. 1
16.(a) 32
16.(b) 4
16.(c) 4
19.(a) 32
22.(a) 1
22.(b) _____
23. _____

Received: Atty. Lois P. Nagales
8/12/21

07879-G7-991MCR-03172-BI001

BEST POSSIBLE IMAGE

T080C787991031720728202100 1

CP700857162

BReN
[06412-A76S401-4]

Documentary
Stamp Tax Paid

CDSM

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