Republic of the Philippines

CERTIFICATE OF LIVE BIRTH
(Fill out completely, Accurately, legibly in ink or typewriter)

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 3211

Province: Leyte
City or Municipality: Ormoc

1. Place of Birth
a. Province Leyte
b. City or Municipality Ormoc
c. Name of Hospital Ormoc General Hospital
d. Is place of birth inside City limits?

2. Usual Residence of Mother (Where does mother lives.)
a. Province Leyte
b. City or Municipality Ormoc
c. Number and Street Linao
d. Is Residence inside City limits? Is residence a farm? Yes ___ No ___ Yes ___ No ___

CHILD
3. Name (Type or Prints) FIRST ALAIN MIDDLE ARRADAZA LAST BONIFE
4. Sex: M
5. This Birth: Single/Twin/Triplets/
6. If twin or triple: 1st / last / 3rd / Date of Birth: September 30, 1983

FATHER
7. Name: FIRST Rodito MIDDLE Morayta LAST Bonife
Relegion R. Catholic
8. Nationality Fil. Race Br.
9. Age (at time of this birth) Years 29
10. Birthplace Palo, Leyte
11. a) Usual occupation driver b) Kind of business or job:

MOTHER
12. Name: FIRST Amelita MIDDLE Abarques LAST Arradaza
Relegion R. Catholic
13. a) Nationality fil. b) Race Br.
14. Age (at time of this birth) years 32
15. Birthplace Ormoc City
16. Previous deliveries to mother 0
a. How many : How many : How many: How Many
1. which are other chil fetal deaths
2. are now living born
3. al 2
4. born alive

17. Informant's Signature: *Amelita A. Bonife*
b. Name in prints AMELITA BONIFE
c. Address: Linao, Ormoc City

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Linao, Ormoc City

19. I hereby certify that I attended the birth of this child who was born alive at 5:00 A.M. clock on the date above indicated
a. Signature: *[signature]*
b. Name in print: MARGARITA T. ABAÑO, M.D.
c. Address: OGH
d. Date signed by Attendant at birth
e. Title of Attendant at Birth
☐ M.D. ☐ Midwife
☐ Nurse ☐ Others/Specify

20. Received in the Office of the Local Civil Registrar
a. Signature: *[signature]*
b. Title or Position:
c. Date: 10/10/83

21.
a. Given Name Added from Supplemental Report
b. Date when given name was supplied

22. a) Lenght of Pregnancy 40 Completed Weeks
22. b) Weight at Birth 5 lbs. 13 oz. 1680
23. Legitimate ☐ Yes ☐ No

24. Date and Place of Marriage of Parents (For Legitimate Birth Only)
January 29, 1982
Month Date Year
City or Municipality of Ormoc Prov. Leyte

This Certificate is prepared by:
Signature:
Name in Print:
Title of Position:
Date:

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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