



REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPANIED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte Register Number: (a) Civil Registrar-General No. _____
 City or Municipality: Baybay (b) Local Civil Registrar No. 1123

1. PLACE OF BIRTH
 a. PROVINCE Leyte
 b. CITY OR MUNICIPALITY Baybay
 c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Claro M. Recto St., Baybay
 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 Baybay
 c. NUMBER AND STREET Claro M. Recto St.
 d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐ e. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME (Type or print) RANDY First ORONIO Middle ORONIO Last ORONIO

4. SEX Male 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET, WAS CHILD 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF BIRTH Month Sept Day 21 Year 1972

7. NAME Grife Middle Oronio Last Oronio 8. RELIGION Cath. 9. NATIONALITY Filipino 10. RACE Brown

9. AGE (At time of this birth) Years 45 10. BIRTHPLACE Claro M. Recto St. 11a. USUAL OCCUPATION Labourer 11b. KIND OF BUSINESS OR INDUSTRY _____

12. MAIDEN NAME Epifania First Angus Middle Garcia Last Oronio 13. RELIGION Cath. 14. NATIONALITY Filipino 15. RACE Brown

14. AGE (At time of this birth) Years 31 15. BIRTHPLACE Combas, Puro, Cebu 16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) Number 1

17a. INFORMANT'S SIGNATURE: Grife Oronio
 b. NAME IN PRINT: Grife Oronio
 c. ADDRESS: Claro M. Recto St., Baybay, Leyte

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) Claro M. Recto St., Baybay, Leyte

19. ATTENDANT AT BIRTH
 I HEREBY CERTIFY that I attended the birth of this child who was born alive at 9:00 o'clock AM on the date above indicated.
 a. SIGNATURE: Gregencia Tigala
 b. NAME IN PRINT: Gregencia Tigala
 c. ADDRESS: M. La Gracia St., Baybay, Leyte
 d. DATE SIGNED BY ATTENDANT AT BIRTH: _____
 e. TITLE OF ATTENDANT AT BIRTH: Midwife
☐ M. D. ☐ MIDWIFE ☒ NURSE ☐ OTHER (Specify) _____

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
 a. SIGNATURE: Eufrosina A. GERALDO
 b. NAME IN PRINT: EUFROSINA A. GERALDO
 c. TITLE OR POSITION: Registrar Clerk
 d. DATE: 10/3/72

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: _____
 b. DATE WHEN GIVEN NAME WAS SUPPLIED: _____

22a. LENGTH OF PREGNANCY _____ COMPLETED WEEKS. 22b. WEIGHT AT BIRTH _____ LBS. _____ OZ. 22c. LENGTH AT BIRTH _____ INCHES

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
 (Month) April (Date) 18 (Year) 1980
 City or Municipality Combas Province Cebu

25. THIS CERTIFICATE IS PREPARED BY:
 SIGNATURE: Eufrosina A. GERALDO
 NAME IN PRINT: EUFROSINA A. GERALDO
 TITLE OR POSITION: Registrar Clerk
 DATE: 10/3/72

26. SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

07930-50-402TCD-00619-BI001

BEST POSSIBLE IMAGE



7402079304020061909172021001

BReN

[03708-A72SM01-3]

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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority