

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF BIRTH

(FILL OUT COMPLETELY, ACCURATELY IN INK OR TYPEWRITER)



Register Number:

(a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 1437 (872)

Province: _____
 City or Municipality: MANILA

1. PLACE OF BIRTH

a. PROVINCE _____

b. CITY OR MUNICIPALITY MANILA

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) VERMONT MATERNITY CLINIC

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?
 Yes No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE _____

b. CITY OR MUNICIPALITY QUEZON CITY

c. NUMBER AND STREET # 61 16th AVENUE, MURPHY

d. IS RESIDENCE INSIDE CITY LIMITS? Yes No

e. IS RESIDENCE ON A FARM? Yes No

3. NAME (Type or print)

First LESLIE Middle ABIGAIL Last CUENTO GAHOL

4. SEX F

5a. THIS BIRTH SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET, WAS CHILD 1ST 2ND 3RD

6. DATE OF BIRTH Month APR. Day 20 Year 72

7. NAME (Type or print)

First LESLIE Middle DE LEON Last GAHOL

RELIGION RC

8. NATIONALITY FIL. 8a. RACE BROWN

9. AGE (At time of this birth) Years 28

10. BIRTHPLACE TARLAC, TARLAC

11a. USUAL OCCUPATION EMPLOYEE

11b. KIND OF BUSINESS OR INDUSTRY _____

12. MAIDEN NAME (Type or print)

First MALINDA Middle _____ Last CUENTO

RELIGION RC

13. NATIONALITY FIL. 13a. RACE BROWN

14. AGE (At time of this birth) Years 29

15. BIRTHPLACE MAGCARLAN, LAGUNA

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)

a. How many children are now living? _____

b. How many other children were born alive but dead? _____

c. How many fetal deaths (fetuses born dead after conception)? _____

17. INFORMANT'S SIGNATURE:

a. NAME IN PRINT: LESLIE L. GAHOL

b. ADDRESS: # 61 16th AVE., MURPHY, QUEZON CITY

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
SAME

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 6:05 o'clock P. M. on the date above indicated.

c. SIGNATURE: _____

d. NAME IN PRINT: A. GILCO-MACALINO

e. ADDRESS: 731 J. NAKPIL STREET, MANILA

JAN - 2 1986

CERTIFIED REPRODUCTION OF THE ORIGINAL

Manila, Philippines CIVIL REGISTRAR

FOR THE CITY

UMBERTO B. BINALAG

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: _____

b. NAME IN PRINT: LAURO V. CATIPON

c. TITLE OR POSITION: _____

d. DATE: _____

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORTS _____

b. DATE WHEN GIVEN NAME WAS SUPPLIED _____

22a. LENGTH OF PREGNANCY 40 COMPLETED WEEKS.

22b. WEIGHT AT BIRTH 7 LBS.

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

06 (Month) 0 (Date) 1971 (Year)

City or Municipality TAL; Province BATANGAS

25. THIS CERTIFICATE PREPARED BY:

a. SIGNATURE: _____

b. NAME IN PRINT: J. C. ARGUELLES

c. TITLE OR POSITION: CLERK

d. DATE: APRIL 22, 1972

RESERVE FOR BINDING