

【下書き用】

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province City/Municipality	Registry			
CHILD	1. NAME (First) (Middle) (Last)			
	2. SEX (Male/Female)	3. DATE OF BIRTH		
	4. PLACE OF BIRTH (Name of hospital/Clinic/Institution/ (City/Municipality) (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc)	5b. IF MULTIPLE BIRTH, HOW MANY CHILD WAS	5c. BIRTH ORDER (including fetal death)	6. WEIGHT AT BIRTH <i>grams</i>
MOTHER	7. MAIDEN NAME (First) (Middle) (Last)			
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT		
	10a. Total number of children borne including this birth	10b. No. of children still alive including this birth	10c. No. of children borne but are now dead	11. OCCUPATION
	12. AGE at the time of this birth			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)				
FATHER	14. NAME (First) (Middle) (Last)			
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
MARRIAGE OF PARENTS (If not married, accomplish affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year)		20b. PLACE (City/Municipality) (Province) (Country)		
21a. ATTENDANT __1.Physician__ 2.Nurse__ 3.Midwife__ 4.Hilot(Traditional Birth Attendant)__ 5.Others(Specify)____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot) I hereby certify that I attended the birth of the child who was born alive at __am/pm on the date of birth specified above Signature _____ Address _____ Name in Print _____ Title or Position _____ Date _____				
22. CERTIFICATION OF INFORMANT 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 _____ Title or _____ Date _____		
24. RECEIVED BY Signature _____ Name in Print _____ Title or Position _____ Date _____		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or _____ Date _____		
REMARKS/ANNOTATIONS				