

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province _____
City/Municipality _____

Registry No. _____

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1. NAME (First) (Middle) (Last)

2. SEX _____ 1 Male _____ 2 Female
3. DATE OF BIRTH (day) (month) (year)

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)

5a. TYPE OF BIRTH _____ 1 Single _____ 2 Twin
_____ 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
_____ 1 First _____ 2 Second
_____ 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
d. WEIGHT AT BIRTH _____ grams

6. MAIDEN NAME (First) (Middle) (Last)

7. CITIZENSHIP 8. RELIGION

9a. Total number of children born alive: _____ b. No. of children still living including this birth: _____ c. No. of children born alive but are now dead: _____

10. OCCUPATION 11. Age at the time of this birth: _____ years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP 15. RELIGION

16. OCCUPATION 17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT
_____ 1 Physician _____ 2 Nurse _____ 3 Midwife
_____ 4 Hilot (Traditional Midwife) _____ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock
am/pm on the date stated above.

Signature _____ Address _____
Name in Print _____
Title or Position _____ Date _____

20. INFORMANT
Signature _____ Address _____
Name in Print _____
Relationship to the child _____ Date _____

21. PREPARED BY 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____ Name in Print _____ Title or Position _____
Signature _____ Name in Print _____ Title or Position _____

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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