

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.)

**REMARKS/ANNOTATION**

Province \_\_\_\_\_  
City/Municipality \_\_\_\_\_

Registry No. \_\_\_\_\_

<b>C H I L D</b>	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

<b>M O T H E R</b>	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)		

<b>F A T H E R</b>	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 Acknowledgement/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 Signature _____ Name in Print _____ Title or Position _____ Date _____	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____
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**FOR OCRG USE ONLY:**  
Population reference No.

\_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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49 50

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