



REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Abn LOCAL CIVIL REGISTRY NO. 89-48  
CITY / MUNICIPALITY Pina

1. NAME (First) Mary Grace (Middle) Yongco (Last) Epitulan  
2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female DATE OF BIRTH (Day) 3 (Month) Jan (Year) 1989  
4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) Putay (City/Municipality) Pina (Province) Abn

5. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) Marines Ciracillo (Middle) Yongco (Last) 7. NATIONALITY PH 8. RELIGION R. Catholic  
9. NAME (First) Mario Ciracillo (Middle) Epitulan (Last) 10. NATIONALITY PH 11. RELIGION R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment of the birth) Date Jan. 26, 1986 Place Pina, Abn

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at 10:45 o'clock am/pm on the date stated above. Signature [Signature] Address Pina, Abn  
Name in print R. H. M. Date 1-3-89  
Title or position R. H. M.

14. INFORMANT Signature [Signature] Address Putay Pina, Abn  
Name in print Marines Ciracillo Date 1-3-89  
Relationship to child \_\_\_\_\_

15. PREPARED BY Signature [Signature] Address \_\_\_\_\_  
Name in print Victoria Ciracillo LOCAL CIVIL REGISTRAR  
Title or position R. H. M. JANUARY 17, 1989  
Date 1-3-89 ANY SUPPLEMENTARY INFORMATION WAS SUPPLIED



3590

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BEST POSSIBLE IMAGE



T400026494000071304032007003

BReN [02237-A89B303-7]

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office