



(To be accomplished in triplicate)

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

89-1285

PROVINCE Cebu
CITY/MUNICIPALITY Cebu City

LOCAL CIVIL REGISTRY NO. 89-1285

1. NAME (First) Ric Joseph (Middle) Adolfo (Last) Solon

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female
3. DATE OF BIRTH (Day) 19 (Month) March (Year) 1989

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give street/barangay) Southern Islands Medical Center Cebu City (City/Municipality) (Province)

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

6. MAIDEN NAME (First) Rizalina (Middle) Lascunia (Last) Adolfo 7. NATIONALITY fil. 8. RELIGION P.C.

9. NAME (First) Ric Rodrigo (Middle) Sargamento (Last) Solon 10. NATIONALITY fil. 11. RELIGION P.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)
February 19, 1989 Cebu City

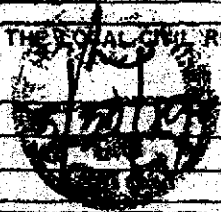
13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 8:28 a.m. o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address Southern Islands Medical Center
Name in print Lourdes Atoc, M.D. Cebu City
Title or position Resident Physician Date March 19, 1989

14. INFORMANT
Signature [Signature] Address Lamening Gattind Site Cebu City
Name in print Rizalina Solon Date March 19, 1989
Relationship to child mother

15. PREPARED BY
Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print Arma Manda Signature _____
Title or position RN Name in print _____
Date March 19, 1989 Title or position _____
Date _____

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED



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