



(To be accomplished in triplicate)

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

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. ES-422
CITY/MUNICIPALITY Cebu City

1 NAME (First) ABDYGAIL (Middle) TIRANO (Last) LABRA
2 SEX (Place "x" on appropriate answer) 1 Male X 2 female
3 DATE OF BIRTH (Day) MARCH (Month) 1985 (Year)

4 TYPE OF BIRTH (Place "x" on appropriate answer)
a If MULTIPLE BIRTH, CHILD WAS
1 first X 2 Second 3 Third, etc.
b PLACE OF BIRTH (Specify hospital, give street/parish/quarter)
CRONO NIA HOSPITAL CEBU CITY CEBU

5 NAMES (First) (Middle) (Last) 6 NATIONALITY 7 RELIGION
ROSA ESPASO TIRANO Filipino Roman Catholic
8 NAMES (First) (Middle) (Last) 9 NATIONALITY 10 RELIGION
FRANCISCO MONTERRA LABRA JR. Filipino Roman Catholic

12 DATE AND PLACE OF MARRIAGE OF PARENTS (important: if not applicable, fill Affidavit of Acknowledgment at the back)

13 CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:30 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address o/o Chang Bua Hospital
Name in print ROSANNA F. JUARDO, M.D. Dr. Rosanna Juarado, Cebu City
Title or position Attending Physician Date March 18, 1985

14 INFORMANT
Signature [Signature] Address 3rd Street, Guadalupe, Guadalupe
ROSITA TIRANO LABRA Cebu City
Relationship to child MOTHER Date March 13, 1985

15 PREPARED BY
Signature [Signature] Signature [Signature]
Name in print BERNARDINA I. GERONA Name in print [Name]
Title or position In-charge Title or position [Title]
Date March 13, 1985 Date [Date]

16 INFORMATION GIVEN IN SUPPLEMENTAL REPORT
a b DATE WHEN INFORMATION WAS RECEIVED



04055-06-400ESR-00929-BI001



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Documentary Stamp Tax Paid

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