



(Copy for OCRG)

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 Cebu City/Municipality Cebu City Registry No. 2001 31242

CHILD	1. NAME (First) (Middle) (Last) MARY ANN VESCHAYZ CINCO			For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____ #9 _____ #10 _____ #11 _____ #12 _____ #13 _____ #14 _____ #15 _____ #16 _____ #17 _____ #18 _____ #19 _____ #20 _____ #21 _____ #22 _____
	2. SEX _____ 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>21</u> <u>OCT.</u> <u>2001</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single _____ 2 Twin _____ _____ 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS _____ 1 First _____ 2 Second _____ _____ 3 Others, Specify _____	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) ANA MARIA DEPAZ VESCHAYZ			
	7. CITIZENSHIP <u>FIL.</u>			8. RELIGION <u>R.C.</u>
	9a. Total number of children born alive: <u>6</u>	9b. No. of children still living including this birth: <u>6</u>		9c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>None</u>			11. Age at the time of this birth: <u>35</u> years
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>27 A ARBELLANA ST. CEBU CITY CEBU</u>			
	13. NAME (First) (Middle) (Last) RAUL HACAHO CINCO		14. CITIZENSHIP <u>FIL.</u>	
	15. RELIGION <u>R.C.</u>		16. OCCUPATION <u>MEPRO AIDE</u>	
	17. Age at the time of this birth: <u>36</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JULY 19, 1996 RTC BRANCH 6, CEBU CITY</u>	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician _____ 2 Nurse _____ 3 Midwife _____ <input checked="" type="checkbox"/> 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 <u>9:06 PM</u> clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>H. ENRIQUE VERGUS CEBU CITY CEBU</u> Name in Print <u>MARILYN B. SOLA'A</u> Date <u>OCT. 21, 2001</u> Title or Position <u>M.D.</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>23 A. ARBELLANA ST. CEBU CITY, CEBU</u> Name in Print <u>ANA MARIA CINCO</u> Date <u>OCT. 21, 2001</u> Relationship to the child <u>MOTHER</u>		21. PREPARED BY Signature <u>[Signature]</u> Address _____ Name in Print <u>MUSTIRA D. CLAUDIO</u> Title or Position <u>D.R. NURSE</u> Date <u>OCT. 21, 2001</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CONCEPCION OFFICER</u> Title or Position _____ Date <u>NOV 15 2001</u>		200051 _____		

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority