

Province Cebu, PHILIPPINES Registry No. 97-1234  
City/Municipality LAPU-LAPU CITY

CHILD	1. NAME (First) <u>FRETZE JOYCE</u> (Middle) <u>ALPAJARDO</u> (Last) <u>LARAYOS</u>	
	2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female <input type="checkbox"/>	3. DATE OF BIRTH (Day) (month) (year) <u>24 December 1997</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>TOJONG INC. MATERNITY &amp; GENERAL HOSPITAL</u> <u>P. Rodriguez St., Ilog, Lapu-Lapu City</u>	
	5a. TYPE OF BIRTH <u>1</u> Single <input type="checkbox"/> <u>2</u> Twin <input type="checkbox"/> <u>3</u> Triplet, etc. <input type="checkbox"/>	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <input type="checkbox"/> <u>2</u> Second <input type="checkbox"/> <u>3</u> Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>		d. WEIGHT AT BIRTH <u>2,600</u> grams

MOTHER	6. MAIDEN NAME (First) <u>GLORIA</u> (Middle) <u>PACA</u> (Last) <u>ALPAJARDO</u>		
	7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>	
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. 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>29</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Matumba Pusok, Lapu-Lapu City</u>			

FATHER	13. NAME (First) <u>ROWAN</u> (Middle) <u>ROMA</u> (Last) <u>LARAYOS</u>	
	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>
	16. OCCUPATION <u>Painter</u>	17. Age at the time of this birth: <u>30</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not named, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

December 16, 1990 at Feb. Naga, Cebu

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 4:45 PM o'clock am/pm on the date stated above.

Signature [Signature] Address Ilog, Lapu-Lapu City  
Name in Print DRA. CORAZON R. TOJONG, M.D.  
Title or Position Physician Date Dec. 24, 1997

20. INFORMANT  
Signature [Signature] Address Matumba, Pusok  
Name in Print Rowan Roma Larayos Lapu-Lapu City  
Relationship to the child Father Date December 24, 1997

21. PREPARED BY  
Signature [Signature]  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
MRS. ELVIRA P. YCO