

Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

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

PROVINCE CebuLOCAL CIVIL REGISTRY NO. 88-150CITY/MUNICIPALITY Cebu City

1. NAME (First)	(Middle)	(Last)
SANTE	PEDROCHO	VALDEZ

2. SEX (Place 'X' on appropriate answer) 1 Male _____ 2 Female _____	3. DATE OF BIRTH (Day)	(Month)	(Year)
	3	May	1988

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)	(City/Municipality)	(Province)
Cebu Fuer. Center & Maternity House, Inc.	Cebu City	Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 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)	(Middle)	(Last)	7. NATIONALITY	8. RELIGION
ANGELITA	MILECIO	PEDROCHO	Phil.	Roman Catholic

9. NAME (First)	(Middle)	(Last)	10. NATIONALITY	11. RELIGION
REYNATO	BEDUYA	VALDEZ	Phil.	Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
 December 10, 1978 Danao City

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 3:02 o'clock am/p.m. on the date stated above.

Signature Marilyn B. M.D. Cebu Fuer. Center & Maternity House, Inc.
 Name in print MARILYN B. M.D. Address Cebu City
 Title or position physician Date May 3, 1988

14. INFORMANT

Signature Angelita Valdez Address Singon Camp., Guadalupe
 Name in print ANGELITA VALDEZ Cebu City
 Relationship to child MOTHER Date May 3, 1988

15a. PREPARED BY

Signature Marianilla O. Hernandez
 Name in print MARIANILLA O. HERNANDEZ
 Title or position clerk
 Date May 3, 1988

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature _____
 Name in print _____
 Title or position 1490
 Date 5/10/88

INFORMATION GIVEN IN SUPPLEMENTAL REPORT

c. DATE WHEN INFORMATION WAS SUPPLIED