



Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province Cebu City/Municipality Cebu City Registry No. 96-4257

1. NAME (First) (Middle) (Last) TIMOTHY KURT CORTEZ SANCHEZ

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) Saturday 17 February 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) H.W. Miller Memorial Sanitarium & Hospital, 400 Tres de Abril St., Cebu City

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH 2,800 grams

6. MAIDEN NAME (First) (Middle) (Last) MARY IMMEE TABAR CORTEZ

7. CITIZENSHIP Filipino 8. RELIGION Seventh-day Adventist

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 270 F. Iliamas St., Punta Princesa, Cebu City

13. NAME (First) (Middle) (Last) NIMUEL FERNANDEZ SANCHEZ

14. CITIZENSHIP Filipino 15. RELIGION Seventh-day Adventist

16. OCCUPATION Machine Shop Worker 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) May 18, 1995 - Cebu City

19a. ATTENDANT X 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 3:20 A.M. to clock am/pm on the date stated above.

Signature Dr. Lorna Madrio Address o/o H.W. MMSH-400 Tres de Abril St., Cebu City Title or Position Attending Physician Date February 17, 1996

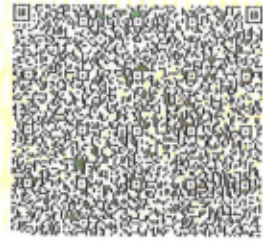
20. INFORMANT Signature Mary Immee C. Sanchez Address 270 F. Iliamas St., Punta Princesa, Cebu City Relationship to the child Mother Date February 17, 1996

21. PREPARED BY Signature Lorenzo Edward Y. Lagon Name in Print Registered Nurse Title or Position February 19, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Name in Print Title or Position Date FEB 22 1996

Table with 10 columns (40-49) and 10 rows (40-49) for OCRG USE ONLY: Population Reference No. Includes handwritten entries like 1480, 22296.

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CSM CLAIRE DENNIS S. MAPA, Ph.D. National Statistician and Civil Registrar General