NATIONAL STATISTICS OFFICE NSO

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

LOCAL CIVIL REGISTRY NO. 93-2013

PROVINCE Cebu

CITY/MUNICIPALITY Cebu City

3. NAME (First) Charlie (Middle) Gomez (Last) Gerones (Maiden) Jr. (Suffix)

2. SEX (Place 'X' on appropriate answer) X 1 Male ___ 2 Female

DATE OF BIRTH (Day) 1 (Month) March (Year) 1993

4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) Cebu City Medical Center (City/Municipality) Cebu City (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single ___ 2 Twin ___ 3 Triplet or more

5b. IF MULTIPLE BIRTH, CHILD WAS X 1 First ___ 2 Second ___ 3 Third, 4th, etc.

6. MAIDEN NAME (First) Jonalyn (Middle) Daclan (Last) Gomez

7. NATIONALITY Filipino

8. RELIGION Catholic

9. NAME (First) Charlie (Middle) Encarguez (Last) Gerones

10. NATIONALITY Filipino

11. RELIGION Catholic

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

Date June 12, 1989 Place Tuburan, Cebu

13. CERTIFICATE OF ATTENDANT OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 10:25 o'clock a.m./p.m. on the date stated above

Signature [signature]

Name in print Norma Ca taos

Title or position M.D.

Address Cebu City Medical Center, Cebu City

Date March 1, 1993

14. INFORMANT

Signature [signature]

Name in print Jonalyn Gerones

Relationship to child Mother

Address 17 I. Mac Arthur Blvd., Cebu City

Date March 1, 1993

15a. PREPARED BY

Signature [signature]

Name in print Justina D.Claudio

Title or position D.R.Nurse

Date March 1, 1993

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [signature]

Name in print BRIDA B. NUÑEZ

Title of position CLERK III

Date 3/18/93

0360

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

03896-56-400SOC-00436-BI001

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