



This record is in triplicate

1. NAME OF THE CHILD
2. SEX
3. DATE OF BIRTH

PROVINCE Cebu
CITY/MUNICIPALITY Cebu City
NAME (Middle) (Last)

LOCAL CIVIL REGISTRY NO. 86-133

2. SEX (Place X in appropriate column) (ILLEGITIMATE) CALVO (Year) 1986

1. PLACE OF BIRTH (Name of hospital, city/municipality, hospital, give street/neighborhood) 3rd MARCH 1986

3. TYPE OF BIRTH (Strike out as appropriate) SOUTHERN ISLANDS MEDICAL CENTER, B. Rodriguez Street, Cebu City - CEBU

4. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION Catholic

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

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 8:48 a.m. on the date stated above.

Signature [Signature]
Name in print CORA HUYO-A, M.D.
Title or position Attending Physician

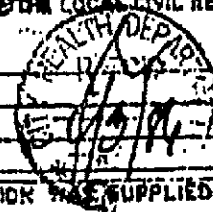
Address SIN Medical Center
Date Cebu City
March 3, 1986

14. INFORMANT
Signature [Signature]
Name in print DORIS CALVO
Relationship to child Mother

Address Balamban, Cebu
Date March 3, 1986

15. PREPARED BY
Signature [Signature]
Name in print Marian P. Vano, R.N.
Title or position Attending Nurse
Date March 3, 1986

16. DATE WHEN INFORMATION WAS SUPPLIED
Signature 2460
Name in print
Title or position
Date



16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

04388-G4-400KCM-00749-BI063

BEST POSSIBLE IMAGE



BReN
02217-A86F30F-6

Documentary

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General