



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
OFFICE OF THE LOCAL CIVIL REGISTRAR

(To be accomplished in English)

30

94-4648

LOCAL CIVIL REGISTRY NO.

MUNICIPALITY CEBU CITY

NAME (Last) REYES (Middle) ANGEL (First) MERCADO

SEX (Place 'X' on appropriate's gender)
1. Male _____ 2. Female _____
3. DATE OF BIRTH (Day) (Month) (Year)
27 February 1994

PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/home no.) (City/Municipality) (Province)
CEBU PUER. CENTER & MAT. HOUSE INC. CEBU CITY CEBU

TYPE OF BIRTH (Place 'X' on appropriate's answer) 4. IF MULTIPLE BIRTH, CHILD WAS
X. 1. Single _____ 2. Twin _____ 3. Three or more _____
1. First _____ 2. Second _____ 3. Third, 4th etc _____

MAIDEN (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
NAME ANNABELLE ZARRAGA MERCADO FIL. ROMAN CATHOLIC

NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
MARCELINO PENTECANT REYES FIL. ROMAN CATHOLIC

DATE AND PLACE OF MARRIAGE OF PARENTS (Section: if not applicable, fill Affidavit of Acknowledgment at the back)
JULY 24, 1991 Cebu City

CERTIFICATE OF ATTENDANT AT BIRTH 9:05 AM
I hereby certify that I attended the birth of the child who was born alive at _____ a/clock am/pm on the date stated above.

Signature _____ Address CEBU PUER. CENTER & MAT. HOUSE INC.
Name in print RUMILDAD MELGAR, M.D. CEBU CITY
Title or position physician Date February 27, 1994

INFORMANT
Signature _____ Address Kennedy st., Hipodromo
Name in print ANNABELLE P. REYES Cebu City
Relationship to child mother Date February 27, 1994

PREPARED BY
Signature _____ Signature _____
Name in print Bonita M. Cano Name in print SIDA A. NUNEZ
Title or position clerk Title or position CLERK
Date February 27, 1994 Date MAR 16 1994

INFORMATION GIVEN IN SUPPLEMENTAL REPORT 5. DATE WHEN INFORMATION WAS SUPPLIED
2:20