



(To be accomplished in triplicate)

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

PROVINCE MISAMIS ORIENTAL LOCAL CIVIL REGISTRY NO. 737791
 CITY/MUNICIPALITY CAGAYAN DE ORO CITY

1. NAME (First) SHAQUILLE LEIGH (Middle) NONG (Last) DIAZ
 2. SEX (Place 'X' on appropriate answer) Male
 3. DATE OF BIRTH (Day) 19 (Month) June (Year) 1993
 4. PLACE OF BIRTH (Name of Hospital/Center, etc. If not a hospital, give street/barangay) NORTHERN MINDANAO REGIONAL HOSPITAL, CAGAYAN DE ORO CITY, MISAMIS ORIENTAL
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single 2 Twin 3 Triple or More
 b. IF MULTIPLE BIRTH CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) Yvonne (Middle) Oponda (Last) Mong
 7. NATIONALITY Filipino
 8. RELIGION SDA
 9. NAME (First) Marne (Middle) Bacomo (Last) Diaz
 10. NATIONALITY Filipino
 11. RELIGION SDA

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

13. March 10, 1985, Cagayan de Oro City
CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 12:05 pm o'clock a.m./p.m. on the date stated above.
 Signature [Signature] Address Northern Mindanao Regional Hospital, Cagayan de Oro City
 Name in print Edan L. Espinosa
 Title or position Medical Officer Date June 19, 1993

14. INFORMANT
 Signature [Signature] Address Bulus, Cagayan de Oro City
 Name in print Yvonne M. Diaz Date June 19, 1993
 Relationship to child Mother

15a. PREPARED BY
 Signature [Signature] RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Name in print Virginia T. Comendador Signature [Signature]
 Title or position Clerk Name in print LEO G. WABE
 Date June 19, 1993 Title or position City Gov't. Depart. Head II
 Date JUL 16 1993 City Civil Registrar

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Province MISAMIS ORIENTAL Local Civil Registrar No. 5807770 Registration Status 15
 City/Municipality CAGAYAN DE ORO CITY

17. Weight at Birth (in grams) 2,800 18. Birth Order of Child (1st, second, etc.) 5th 19. Total Number of Children Born Alive 5 20. How many children are now living including this birth? 5 21. How many children were born alive but are now dead? 0
 20. Usual Occupation Nurse 21. Age at the time of this Birth 25
 22. Usual Residence (Barangay) Bulus, Cagayan de Oro City, Misamis Oriental (City/Municipality) (Province)
 23. Usual Occupation None 24. Age at the time of this Birth 27
 25. Attended at Birth (Place X on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Philat 5 Other

Sex 2 Date of Birth 19 06 93 Place of Birth 43 10 69 Mother's Nationality 1 Father's Nationality 1
 41 45 51 56 57

NAME OF CHILD
 First Middle Last
S H A Q I L L E I G H D I A Z