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REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Print in English only, accurately and legibly in ink or typewriter)

(To be returned to the Registrar)

94-21005

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. _____
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) (Middle) (Last)
BEVIE AMORES LAURON

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female
3. DATE OF BIRTH (Day) (Month) (Year)
29 SEPTEMBER 1993

PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
CEBU PUBLIC CULTURE CENTER & MATERNITY HOUSE INC., CEBU CITY CEBU

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

5. MAIDEN NAME (First) (Middle) (Last) BEVIE HERMIYA AMORES
6. NATIONALITY FIL.
7. RELIGION CHURCH OF CHRIST

8. NAME (First) (Middle) (Last) ARMANDO LETICIO LAURON
9. NATIONALITY FIL.
10. RELIGION CHURCH OF CHRIST

12. DATE AND PLACE OF MARRIAGE OF PARENTS (If instant; if not applicable, fill Affidavit of Acknowledgment at the back)
APRIL 14, 1993 CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child on this day at 11:47 o'clock a.m./p.m. on the date stated above.
Signature: [Signature] Address: CEBU PBL. CENTER & MAT. HOUSE INC., CEBU CITY
Name in print: VELMA DELAGAR, M.D. Date: SEPTEMBER 29, 1993
Title or position: PHYSICIAN

14. INFORMANT
Signature: [Signature] Address: OPORTO CBL., QUIZO, MANDATE CITY CEBU
Name in print: BEVIE LAURON Date: SEPTEMBER 29, 1993
Relationship to child: MOTHER

15a. PREPARED BY Signature: [Signature] Name in print: SUCELYN B. TICONG Title or position: CLERK Date: SEPTEMBER 29, 1993
b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature: [Signature] Name in print: [Name] Title or position: CLERK Date: SEPTEMBER 10/25/93

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

05228-EH-400CCP-01043-BI001

BEST POSSIBLE IMAGE

BReN 02217-A93SV16-1

Lina V. Castro
LINA V. CASTRO