



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

(To be accomplished in triplicate)

CITY/MUNICIPALITY CEBU CITY LOCAL CIVIL REGISTRY NO. 85-1039

1. NAME (First) OHIVAS (Middle) TANZA (Last) MENCHAVEZ

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

3. DATE OF BIRTH (Day) 17 (Month) NOVEMBER (Year) 1985
(City/Municipality) CEBU CITY (Provincial) CEBU

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay)
CAPITOL HILLS BRGY, CAPITOL

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

6. MAIDEN NAME (First) ATDA (Middle) MANGUAT (Last) TANZA

7. NATIONALITY FILIPINO

8. RELIGION ROMAN CATHOLIC

9. NAME (First) OSCAR (Middle) TRINIDAD (Last) MENCHAVEZ

10. NATIONALITY FILIPINO

11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
JANUARY 16, 1983 CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:00 o'clock a.m. on the date stated above.

Signature Norma H. Amor
Name in print NORMA N. AMORA Address 39-F A LOYER ST CEBU CITY
Title or position TRAINED HILOT

14. INFORMANT
Signature J. Menchavez
Name in print OSCAR MENCHAVEZ Address CAPITOL HILLS CEBU CITY
Relationship to child FATHER

15. PREPARED BY
Signature Norma H. Amor
Name in print NORMA N. AMORA Address 39-F A LOYER ST CEBU CITY
Title or position TRAINED HILOT

Date NOVEMBER 17, 1985 0670

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
a. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____ Name in print _____ Title or position _____ Date _____
b. DATE WHEN INFORMATION WAS SUPPLIED _____

Amor