



(To be accomplished in triplicate)

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

PROVINCE Cebu  
CITY / MUNICIPALITY Cebu City LOCAL CIVIL REGISTRY NO. 91-1870

1. NAME (First) HANNAH STEPHANIE (Middle) MARILAO (Last) ABAYON

2. SEX (Place 'X' on appropriate answer)  
1 Male X 2 Female  
3. DATE OF BIRTH (Day) (Month) (Year)  
25 August 1991

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street, house no.)  
Cebu Puer. Center & Mat. Home Inc. (City/Municipality) (Province)  
Cebu City Cebu

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

6. MAIDEN NAME (First) (Middle) (Last)  
BELEN TRASPORES MARILAO  
7. NATIONALITY FIL. 8. RELIGION ROMAN CATHOLIC

9. NAME (First) (Middle) (Last)  
DOROTEO TEVES ABAYON  
10. NATIONALITY FIL. 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)  
MARCH 29, 1990 Talisay, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 8:50 o'clock a.m./p.m. on the date stated above.

Signature [Signature]  
Name in print NORMA MACABASAG, M.D.  
Title or position Physician

Address Cebu Puer. Center & Mat. Home Inc.  
Cebu City  
Date August 25, 1991

14. INFORMANT  
Signature [Signature]  
Name in print BELEN ABAYON  
Relationship to child mother

Address St. Jude acres, Bulacao, Pardo  
Cebu City  
Date August 25, 1991

15a. PREPARED BY  
Signature [Signature]  
Name in print Sonia M. Cano  
Title or position clerk  
Date August 25, 1991

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature]  
Name in print NIDA A. NUNEZ  
Title or position CLERK III

16c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
DATE WHEN INFORMATION WAS SUPPLIED DATE DC: 9/15/91

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