



DEPARTMENT OF HEALTH
PROVINCE OF CEBU

LOCAL CIVIL REGISTRY NO. 19-1937

PROVINCE CEBU
CITY/MUNICIPALITY TALISAY

1. NAME (First) BERN (Middle) TORRES (Last) BASE
2. SEX (Place X on appropriate answer)
 1 Male 2 Female
DATE OF BIRTH: Day 30 Month 10 Year 1989

4. PLACE OF BIRTH (Place X on appropriate answer)
Birth: (Province/City/Municipality) DANUNGON TALISAY CEBU
5. TYPE OF BIRTH (Place X on appropriate answer)
 1 Single 2 Twin 3 Three or more
6. IF MULTIPLE BIRTH, CHILD WAS:
 1 First 2 Second 3 Third, etc.

7. MOTHER (First) BERNADOTA (Middle) ALDIAN (Last) TORRES NATIONALITY FC RELIGION R.C.
8. FATHER (First) BATAAN (Middle) TABLOD (Last) BASE NATIONALITY FC RELIGION R.C.

9. DATE AND PLACE OF MARRIAGE OF PARENTS
Date OCT. 16, 1984 Place TALISAY, CEBU

10. CERTIFICATE OF ATTENDANT OF BIRTH
I hereby certify that I attended the birth of the child who was born at Danungon, Talisay, Cebu as stated above.
Signature [Signature] Name in print MARICET C. ALVIRA Date 10-30-89
Title or position AMA

11. INFORMANT
Signature [Signature] Name in print BERNADITA T. BANE Relationship to child MOTHER
Name in print BERNADITA T. BASE Date 10-17-89

12. PREPARED BY
Signature [Signature] Name in print MARICET C. ALVIRA
Title or position AMA
Name in print MARICET C. ALVIRA Date 10-30-89
Title or position AMA