



CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewritten)

LOCAL CIVIL REGISTRY NO 93-16079

CITY Cebu City

1. NAME (First) (Middle) (Last) Maria Alcorde Gama

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

3. DATE OF BIRTH (Day) (Month) (Year) 31 July 1993

4. PLACE OF BIRTH (Name of hospital/institution - if not in hospital, give street/barangay) (City/Municipality) (Province) Cebu City Medical Center Cebu City Cebu

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

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) Rina Cabuena Alcorde

7. NATIONALITY 8. RELIGION Philippine Roman Catholic

9. NAME (First) (Middle) (Last) David Palanca Gama

10. NATIONALITY 11. RELIGION Philippine Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS Date February 2, 1987 Place Talisay, Cebu

13. CERTIFICATE OF ATTENDANT OF BIRTH (Important: if not applicable, fill Affidavit of Acknowledgment at the end)

Signature of attendant Orlando Gozic

Name in print Orlando Gozic

Title or position M.D.

Date July 31, 1993

14. INFORMANT Signature Rina Alcorde Gama

Name in print Rina Alcorde Gama

Title or position Mother

Date July 31, 1993

15. PREPARED BY Signature Nyneth Serrano

Name in print Nyneth Serrano

Title or position RSM III

Date July 31, 1993

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

16b. DATE WHEN INFORMATION WAS SUPPLIED 3460