



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

To be accomplished in triplicate

PROVINCE Cebu
 CITY/MUNICIPALITY Toledo City

LOCAL CIVIL REGISTRY NO. 1800 (688)

1. NAME (First) JULIUS IAN

(Middle) QUIRANTE (Last) VISCAINO

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

3. DATE OF BIRTH (Day) 15 (Month) JUNE (Year) 1985

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)
ASJM Medical Center

(City/Municipality) Toledo (Province) Cebu

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

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

6. MAIDEN NAME (First) Dalia (Middle) Torres (Last) Quirante

7. NATIONALITY Phil. 8. RELIGION R.O.

9. NAME (First) Julius (Middle) Bancar (Last) Viscayno

10. NATIONALITY Phil. 11. RELIGION R.O.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment of the Birth)
December 24, 1980 Cebu City, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born at 9:30 o'clock am / pm on the date stated above.

Signature [Signature]
 Name in print Dr. Baltazar
 Title or position physician

Address o/o ASJM Medical Center
DAS, Toledo City
 Date June

14. INFORMANT

Signature [Signature]
 Name in print Julius B. Viscayno
 Relationship to child father

Address Arroyo, Masbate
 Date June 18, 1985

15. PREPARED BY

Signature [Signature]
 Name in print Belma C. Villarin
 Title or position Information clerk
 Date June 28, 1985

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature]
 Name in print [Name]
 Title or position CIVIL REGISTRY OFFICER
 Date [Date]

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

18. DATE WHEN INFORMATION WAS SUPPLIED

0160

nts/ra