



CERTIFICATE OF BIRTH  
(Fill out completely, including the date of birth)

PROVINCE CEBU  
CITY/MUNICIPALITY ARAYAN  
NAME BENJIE

SEX (Place "X" on appropriate answer)  
 Male  Female  
DATE OF BIRTH (Day) 17 (Month) 1989 (Province) CEBU

PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

TYPE OF BIRTH (Place "X" on appropriate answer)  
 Single  Twin  Three or more  
BIRTH ORDER (Place "X" on appropriate answer)  
 First  Second  Third, etc.

Father Mother

MAIDEN (First) (Middle) (Last) NAME ARTEMIA ABARCA ARAYAN NATIONALITY Philippine RELIGION Roman Catholic

NAME (First) (Middle) (Last) NORBERTO TORREQUIMADA MARTIZANO NATIONALITY Philippine RELIGION Roman Catholic

DATE AND PLACE OF MARRIAGE OF PARENTS (If none, write "Not applicable"; fill Affidavit of Acknowledgment at the back)  
November 17, 1988, Leyte

CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 9:42 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address c/o Chong Hua Hospital  
Name in print WEDA A. ALGOSEBA, M.D. Fronte Osmeña, Cebu City  
Title or position Attending Physician Date April 19, 1989

INFORMANT

Signature [Signature] Address Onsak, Pardo, Cebu City  
Name in print NORBERTO TORREQUIMADA MARTIZANO  
Relationship to child Father Date April 17, 1989

PREPARED BY RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature] Signature [Signature]  
Name in print MA. MAGDAYENA M. RIAS Name in print \_\_\_\_\_  
Title or position Clerk-Records Section Title or position \_\_\_\_\_  
Date April 19, 1989 Date \_\_\_\_\_

INFORMATION GIVEN IN SUPPLEMENTAL REPORT DATE WHEN INFORMATION WAS SUPPLIED 0310

(Important: Informant should sign and provide information on Form 127 in 25. The code here is \_\_\_\_\_)

