



(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 LOCAL CIVIL REGISTRY NO. 92-1461
 CITY/MUNICIPALITY Cebu City

1. NAME (First) JO DYAN (Middle) MENDEZ (Last) PINOTE

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female
 3. DATE OF BIRTH (Day) 24 (Month) March (Year) 1992

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) Cebu Paor.Center & Maternity House, Inc. (City/Municipality) Cebu City (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) DIOSA (Middle) REQUELLAS (Last) MENDEZ
 7. NATIONALITY Phil. 8. RELIGION Roman Catholic

9. NAME (First) JAINE (Middle) MINGOC (Last) PINOTE
 10. NATIONALITY Phil. 11. RELIGION Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
May 17, 1934 Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 2:40 o'clock am/p.m. on the date stated above.

Signature [Signature]
 Name in print MA. TERESA DATAN, M.D.
 Title or position physician
 Address Cebu Paor.Center & Maternity House, Inc.
Cebu City
 Date March 24, 1992

14. INFORMANT
 Signature [Signature]
 Name in print DIOSA PINOTE
 Relationship to child mother
 Address Capitol Hills
Cebu City
 Date March 24, 1992

15a. PREPARED BY
 Sign [Signature]
 Name in print MARIANILLA O. HERNANDEZ
 Title or position clerk
 Date March 24, 1992
 15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature]
 Name in print NIDA A. NUNEZ
 Title or position CLERK III
 Date DATE RC U. [Signature]

16c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
 16d. DATE WHEN INFORMATION WAS SUPPLIED 3440