



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 Cebu City

LOCAL CIVIL REGISTRY NO. 16-1560

1. NAME (First) JENNIFER
(Middle) LABAO
(Last) TRAVERO

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

3. DATE OF BIRTH (Day) 23 (Month) October (Year) 1986
(City/Municipality) Cebu City (Province) Cebu

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/Barangay)
Cebu Puer. Center & Mat. House Inc.

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

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

6. MAIDEN NAME (First) JOCELYN (Middle) ROJO (Last) LABAO

7. NATIONALITY FIL.

8. RELIGION ROMAN CATHOLIC

9. NAME (First) FIDEL (Middle) SIBONGHANOY (Last) TRAVERO

10. NATIONALITY FIL.

11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:50 o'clock a.m. / p.m. on the date stated above.

Signature J. Villavora
Name in print JUDITH LIZA VILLAROSA, M.D.
Title or position physician

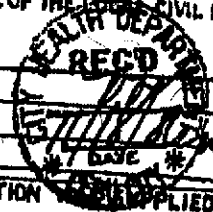
Address Cebu Puer. Center & Mat. House Inc.
Cebu City
Date Oct. 23, 1986

14. INFORMANT
Signature Jocelyn R. Labao
Name in print JOCELYN R. LABAO
Relationship to child mother

Address 115 Garfield st., Cebu City
Date Oct. 23, 1986

15a. PREPARED BY
Signature [Signature]
Name in print Conita M. Ocampo
Title or position clerk
Date Oct. 23, 1986

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____
Name in print _____
Title or position _____
Date _____



15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED