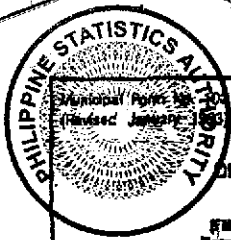


(Copy for OCRG)



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate)
Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 94-4391
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
KARINA CHARMAIGNE JAVA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
18 Feb. 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) Cebu City Cebu
Cebu Doctors' Hospital

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery)
2nd. (first, second, third, etc.) d. WEIGHT AT BIRTH
2,722 grams

6. MAIDEN NAME (First) (Middle) (Last)
Stephanie Bercelona Java

7. CITIZENSHIP Filipino 8. RELIGION R. Catholic

9a. Total number of children born alive: 02 b. No. of children living including this birth: 02 c. No. of children born alive but are now dead:

10. OCCUPATION Process Controller 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Doña Maria I. Punta Princesa Cebu City Cebu

13. NAME (First) (Middle) (Last)
Wendell Bachero Mendoza

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION Planner 17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 HBof (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:38 A.M. o'clock am/pm on the date stated above.

Signature Rosemarie Cahayo Dublin Address Cebu Doctors' Hospital
Name in Print ROSEMARIE CAHAYO DUBLIN, M.D. Cebu City
Title or Position Attending Physician Date Feb. 18, 1997

20. INFORMANT
Signature [Signature] Address Punta Princesa
Name in Print [Name] Cebu City
Relationship to the child Mother Date Feb. 18, 1997

21. PREPARED BY
Signature [Signature]
Name in Print [Name]
Title or Position Medical Records Clerk
Date Feb. 18, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print EVELYN A. ABADIA
Title or Position CLERK
Date MAR 04 1997

REMARKS/ANNOTATION

For OCRG USE ONLY:
Registration Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9704071

48 1

46 50 2 180297

56 22178

51 1

52 54 02 2722

58 59 1 1

70 72 74 02 02 00

75 79 X20 28

81 22178

86 87 1 12820

88 91 120 24

93 2 N/A

94 1 N/A

SID: CBRF20868DFE89C8E053DEB8F5328AD69A20E01

MR. EDUARDO R. ORCILLA
Chief, Outpatient Management Section
08/05/2010 09:54:19 AM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON JUNE 03, 1998 AT CEBU CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: KARINA CHARMAIGNE JAVA MENDOZA