



(To be accomplished in triplicate)

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

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PROVINCE Cebu
 CITY/MUNICIPALITY Cebu City

LOCAL CIVIL REGISTRY NO. 94-2033

NAME (First) JULITO (Middle) ESEIMO (Last) LUMACTOD JR.

SEX (Place X on appropriate answer) 1 Male 2 Female
 DATE OF BIRTH (Day) 22 (Month) January (Year) 1994

PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) (City/Municipality) (Province)
Cebu Puer. Center & Maternity House, Inc. Cebu City Cebu

TYPE OF BIRTH (Place X on appropriate answer) 1 Single 2 Twin 3 Three or more
 IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc

MAIDEN NAME (First) (Middle) (Last) SUSANA VILLALUZ ESEIMO
 NATIONALITY Fil. RELIGION Roman Catholic

NAME (First) (Middle) (Last) JULITO PACHO LUMACTOD
 NATIONALITY Fil. RELIGION Roman Catholic

DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
July 4, 1992 Daa, Antique

CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 3:50 o'clock a.m./p.m. on the date stated above.
 Signature [Signature] Cebu Puer. Center & Maternity House, Inc.
 Name in print EMILIO BELGAN, M.D.
 Title or position physician
 Address Cebu City
 Date January 22, 1994

INFORMANT
 Signature [Signature]
 Name in print SUSANA LUMACTOD
 Relationship to child mother
 Address Nivel Hills, Lahug
 City Cebu City
 Date January 22, 1994

PREPARED BY
 Signature [Signature]
 Name in print MARIANTILLA C. HERNANDEZ
 Title or position clerk
 Date January 22, 1994
RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature]
 Name in print SIDA A. [unclear]
 Title or position CLERK III
 Date FEB 11 1994

INFORMATION GIVEN IN SUPPLEMENTAL REPORT 1930
 DATE WHEN INFORMATION WAS SUPPLIED