



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

(To be accomplished in triplicate)

LOCAL CIVIL REGISTRY NO. 89-931

PROVINCE CEBU

CITY/MUNICIPALITY CEBU CITY

1. NAME (First) (Middle) (Last)
JOSE JASON ALFURA INOT

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

3. DATE OF BIRTH (Day) (Month) (Year)
14 MAY 1989

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/precinct)
CEBU DOCTORS' HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5. TYPE OF BIRTH (Place "X" on appropriate answer)
 1 Single 2 Twin 3 Three or more

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

7. NATIONALITY FILIPINO

8. RELIGION CATHOLIC

9. NAME (First) (Middle) (Last)
YOLANDA IGANO ALFURA

10. NATIONALITY FILIPINO

11. RELIGION CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
NOVEMBER 1, 1987 BASAK, PARDO CEBU CITY

13. SIGNATURE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 5:00 AM clock a.m./p.m. on the date stated above.

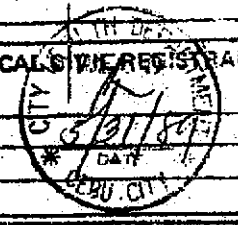
Signature [Signature] Address CEBU DOCTORS' HOSPITAL
OSMENA BLVD., CEBU CITY

Name in print SORTIA S. JUAN YCA, M.D.
 Title or position M.D. Date MAY 15, 1989

14. INFORMANT
 Signature [Signature] Address G/O MARIGOLD FURNITURE
SAN JOSE DE LA MONTANA ST., MABOLO, CEBU CITY

Name in print YOLANDA A. INOT
 Relationship to child MOTHER Date MAY 15, 1989

15. PREPARED BY
 Signature [Signature] Signature [Signature]
 Name in print MA. GLORIA L. OSORIO Name in print [Signature]
 Title or position MEDICAL RECORDS CLERK Title or position [Signature]
 Date MAY 15, 1989 Date [Signature]



16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 1310

06408-97-400/VS-01512-B1006

BReN
 02217-A89JE11-4

Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.