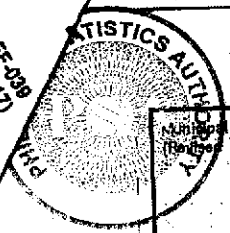


HOP-PFF-039
MOT. 102011



(Copy for CORG)

(To be accomplished in quadruplicate)

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

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

Province <u>CEBU</u>		Registry No. <u>97-32916</u>		
City/Municipality <u>CEBU CITY</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>JOHNNY ISABELO ORAN DE LA PIEDRA</u>			
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (Day) (month) (year) <u>12 DECEMBER 1997</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) House No., Street, Barangay) <u>1849 - SINGSON COMPD., GUADALUPE CEBU CITY CEBU</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3175</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>FE VILLAGERAN ORAN</u>			
	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>		
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>PRODUCTION WORKER</u>	11. Age at the time of this birth: <u>22</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1840 SINGSON COMPD., GUADALUPE CEBU CITY CEBU</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>CRESENTE ILTOAN DE LA PIEDRA</u>			
	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>PRODUCTION WORKER</u>	17. Age at the time of this birth: <u>27</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>AUGUST 29, 1997 - CAPITOL PARISH CHURCH, CEBU CITY</u>			
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:55</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>NELIA D. LOGARIA</u> Title or Position <u>REGISTERED MIDWIFE</u>		Address <u>CEBU PUER, CENTER 6 MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>DECEMBER 12, 1997</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>CRESENTE DE LA PIEDRA</u> Relationship to the child <u>FATHER</u>		Address <u>1849 SINGSON COMPD., GUADALUPE, CEBU CITY</u> Date <u>DECEMBER 12, 1997</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>NELIA D. LOGARIA</u> Title or Position <u>REGISTERED MIDWIFE</u> Date <u>DECEMBER 12, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EVELYN A. ABADILLA</u> Title or Position <u>CLERK</u> Date <u>JAN 05 1998</u>		

REMARKS/ANNOTATION

73. CORRECT USE ONLY
Registration Reference No.

74. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

75. 9702916

76. 12/12/97

77. 22175

78. 013175

79. 010701

80. 949 22

81. 20178

82. 1 1

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