

NSO

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in Triplicate)

Completed promptly, accurately and legibly in ink or typewriter)

LOCAL CIVIL REGISTRY NO. 92-1165

(Middle)

(Last)

FERNANDEZ

RAMIREZ

DATE OF BIRTH (Day)

(Month)

(Year)

15

AUGUST

1992

(City/Municipality)

(Province)

CEBU CITY

CEBU

5a. IF MULTIPLE BIRTH, CHILD WAS

1 Single

2 Three or more

1 First

2 Second

3 Third, 4th, etc.

6. MOTHER (First) (Middle) (Last)
MILILAN ANTONIO FERNANDEZ

7. NATIONALITY
FILIPINO

8. RELIGION
CATHOLIC

9. FATHER (First) (Middle) (Last)
WILLIAM ANTONIO RAMIREZ

10. NATIONALITY
FILIPINO

11. RELIGION
CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS

(Important: If not applicable, fill Affidavit of Acknowledgment of Birth)

Date: JULY 11, 1992

Place

MANDAUE CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH

(Specify date if child attended the birth of the child who was born alive at 3:30 AM on the same day)

Name: Milagros

Address: C/O PERPETUAL MARIAN MARIAN
CEBU CITY

Title or position: DOLORES PEREZ, MD
ATTENDING PHYSICIAN

Date: AUGUST 17, 1992

14. INFORMANT

Name in print: FRANCIS A. RAMIREZ

Address: 251 Bldg 1, Bantayan
MANDAUE CITY

Date: August 17, 1992

Name in print: DR. ELYS N. ABRICO
Title or position: MEDICAL RECORD CLERK
Date: AUGUST 17, 1992

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

15. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

2780

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)