



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

Account No. (in triplicate)

PROVINCE **CEBU**

LOCAL CIVIL REGISTRY NO. **92-1195**

CITY/MUNICIPALITY **Cebu City**

1. NAME (First) **Jay Michael** (Middle) **Lopez** (Last) **Goze**  
 2. SEX (Place 'X' on appropriate letter)  1 Male  2 Female  
 3. DATE OF BIRTH (Day) **Wednesday 14** (Month) **October** (Year) **1992**

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) (City/Municipality) (Province)  
**H Miller Sanitarium & Hospital, Cebu City**

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  1 Single  2 Twin  3 Three or more  
 b. IF MULTIPLE BIRTH, CHILD WAS  1 First  2 Second  3 Third, 4th, etc.

Father Mother	6. MAIDEN NAME (First) <b>Jean</b> (Middle) <b>Sacra</b> (Last) <b>Lopez</b>	7. NATIONALITY <b>Filipino</b>	8. RELIGION <b>Roman Catholic</b>
	9. NAME (First) <b>Wile</b> (Middle) <b>Ablanque</b> (Last) <b>Goze</b>	10. NATIONALITY <b>Filipino</b>	11. RELIGION <b>Roman Catholic</b>

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)  
**June 21, 1990 Minglanilla, CEBU**

13. CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at 5 o'clock am p.m. on the date stated above.  
 Signature *[Signature]* Address **H Miller Sanitarium & Hospital**  
 Name in print **Dr. Evelyn S. Pepito** **400 Pres de Abril st, Cebu City**  
 Title or position **Attending Physician** Date **October 14, 1992**

14. INFORMANT  
 Signature *[Signature]* Address **30-3 Aranas st, Cebu City**  
 Name in print **Mrs. Jean L. Goze**  
 Relationship to child **Mother** Date **October 14, 1992**

15a. PREPARED BY Signature *[Signature]* b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Name in print **Lorenzo Manuel Y. Lason V** Signature **NIDA A. NUNEZ**  
 Title or position **Registered Nurse** Name in print **CLERK III**  
 Date **October 14, 1992** Title or position **CATE REC'D 11/12/92**

16a. INFORMATION GIVE IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED **3870**

Important: Informant should also provide information for items 17 to 26. The code boxes are to be filled