



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

(To be accomplished in triplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. P-1739
CITY/MUNICIPALITY Cebu City

1 NAME (First) Hazel (Middle) Cabase (Last) Cañete

SEX (Place 'X' on appropriate answer) Male Female X
3 DATE OF BIRTH (Day) 21 (Month) May (Year) 1990

4 PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) Southern Islands Medical Center Cebu City
(City/Municipality) (Province)

5a TYPE OF BIRTH Single 2 Twin 3 Three or more
b. IF MULTIPLE BIRTH CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6 MAIDEN NAME (First) Elvira (Middle) (Last) 7 NATIONALITY Fil. 8 RELIGION R.C.

9 NAME (First) Hilario (Middle) Fernandez (Last) Cañete 10 NATIONALITY 11 RELIGION R.C.

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important, if not applicable, fill Affidavit of acknowledgment at the back)
December 17, 1989 Davao City

13 CERTIFICATE OF ATTENDANT AT BIRTH 8:15p.m.
I hereby certify that: attended the birth of the child who was born alive at Davao City on the date stated above

Signature [Signature] Address Southern Islands Medical Center
Name in print Grace Alcazar, M.D. Cebu City
Title or position Resident Physician Date May 21, 1990

14 INFORMANT
Signature [Signature] Address San Vicente Cabantian Mabolo
Name in print Elvira Cañete Cebu City
Relationship to child Mother Date May 21, 1990

15a PREPARED BY
Signature [Signature] Address
Name in print Preciosa Borinaga
Title or position Nurse Date May 21, 1990
b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature]
Name in print [Signature]
Title or position [Signature]
Date 6/21/90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED
4430