



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. 92-565
 CITY/MUNICIPALITY Cebu City

1. NAME (First) (Middle) (Last)
MA. LIZA BOMERO TRASPE

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)
 ___ 1 Male 2 Female 06 October 1992

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
Cebu Doctors' Hospital Cebu City Cebu

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

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
Carmen Romero filipino Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Edward Traspe filipino Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
March 25, 1992, Lapulapu City

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 11:05 PM o'clock a.m./p.m. on the date stated above

Signature [Signature] Address Cebu Doctors' Hospital
 Name in print EDITHA GOMOS, M.D. Osmeña Blvd., Cebu City
 Title or position Attending Physician Date Oct. 6, 1992

14. INFORMANT
 Signature [Signature] Address Pusok
 Name in print EDWARD N. TRASPE Lapulapu City
 Relationship to child Father Date Oct. 6, 1992

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature] Signature [Signature]
 Name in print Don B. Ministerio WEDIA M. PUNE
 Title or position medical records clerk CLERK III
 Date Oct. 6, 1992 Date OCT 10 1992

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

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled) 1700