

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

LOCAL CIVIL REGISTRY NO. 92-

PROVINCE Cebu  
CITY/MUNICIPALITY Cebu City

1. NAME (First) <u>LOUIS MARIE</u> (Middle) <u>DAYDAY</u> (Last) <u>TOTO</u>		
2. SEX (Place 'X' on appropriate answer) <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		
3. DATE OF BIRTH (Day) <u>03</u> (Month) <u>September</u> (Year) <u>1992</u>		
4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) <u>Cebu Doctors' Hospital</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Three or more		
b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third, 4th, etc.		
6. MAIDEN NAME (First) <u>Florencia</u> (Middle) <u>Noval</u> (Last) <u>Dayday</u>	7. NATIONALITY <u>Filipino</u>	8. RELIGION <u>Catholic</u>
9. NAME (First) <u>Efran</u> (Middle) <u>Butad</u> (Last) <u>Tele</u>	10. NATIONALITY <u>Filipino</u>	11. RELIGION <u>Catholic</u>
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back) <u>May 25, 1985, Cebu City</u>		

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 6:08 o'clock a.m./p.m. on the date stated above.

Signature <u>[Signature]</u>	Address <u>Cebu Doctors' Hospital</u>
Name in print <u>CYNTHIA MERCADO, H.D.</u>	Date <u>OSANG Bldg., Cebu City</u>
Title or position <u>Attending Physician</u>	<u>Sept. 3, 1992</u>
14. INFORMANT Signature <u>[Signature]</u>	Address <u>Tati</u>
Name in print <u>FLORENCIA D. TOLO</u>	Date <u>Atimon, Cebu</u>
Relationship to child <u>mother</u>	<u>Sept. 3, 1992</u>

15a. PREPARED BY Signature <u>[Signature]</u>	b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>[Signature]</u>
Name in print <u>Don D. Ministerio</u>	Name <u>NINA A. QUINCO</u>
Title or position <u>medical records clerk</u>	Title <u>CLERK III</u>
Date <u>Sept. 3, 1992</u>	Date <u>SEPT 10 1992</u>

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

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