

To be accomplished in Triplicate

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

Province: Cebu LOCAL CIVIL REGISTRY NO. 89-1045

Municipality: Cebu City

Name: (First) Notreco (Middle) Seno (Last) Rojas

DATE OF BIRTH (Day) 15 (Month) January (Year) 1989

Sex: Male Female

PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/boonang) Emmanuel Maternity Clinic (City/Municipality) Cebu City (Province) Cebu

TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS

Single Twin Three or more First Second Third, 4th, etc.

6. MAIDEN NAME (First) Alma (Middle) Seno (Last) Rojas 7. NATIONALITY PH 8. RELIGION R.C.

9. NAME (First) (Iligatmate) (Middle) (Last) 10. NATIONALITY 11. RELIGION

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Date: NA Place: NA

13. CERTIFICATE OF ATTENDANT AT BIRTH (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Name: ANDREA J. OMPOK Address: 6-EO Mabolo Cebu City
 Title: Chief Nurse Date: 1-16-89

14. INFORMANT (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Name: ALMA ROJAS Address: A-C-Cortes Mandaua Highway Cebu City
 Relationship to child: Mother Date: 1-16-89


15. PREPARED BY (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Name: YVISA ALARAS Address:
 Title: PSA Date: 1-16-89

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Signature: [Signature]
 Name in print:
 Title or position:
 Date:

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Date: 1-16-89

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

Local Civil Registry No. _____ Registration Status _____

D4716-CD-400VGF-00196-B1001
 BEST POSSIBLE IMAGE

 400047164000019611292012001

BR&N
 02217-A88B-CV-6
 Documentary
 Stamp Tax Paid

Carmelita N. ERICTA
 CARMELITA N. ERICATA
 Administrator and Civil Registrar General
 National Statistics Office