

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE METRO MANILA LOCAL CIVIL REGISTRY, NO. 92-1422  
 CITY/MUNICIPALITY PARAÑAQUE

1. NAME (First) (Middle) (Last)  
MA. SARAH CANAMA ADVINCULA

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)  
1 Male X 2 Female 6 February 1992

4. PLACE OF BIRTH (Name of Hospital/Institution if not in hospital, give street/barangay) (City/Municipality) (Province)  
PARAÑAQUE COMMUNITY HOSPITAL, Parañaque, Metro Manila

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

Father Mother { 6. MAIDEN NAME (First) (Middle) (Last)  
REBECCA CABATAÑA CANAMA

7. NATIONALITY  
Filipino

8. RELIGION  
Catholic

9. NAME (First) (Middle) (Last)  
GERONIMO CINCO ADVINCULA

10. NATIONALITY  
Filipino

11. RELIGION  
Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)  
July 17, 1989 at Parañaque, Metro Manila

13. CERTIFICATE OF ATTENDANT AT BIRTH  
*I hereby certify that I attended the birth of the child who was born alive at 5:40 o'clock am/pm on the date stated above.*

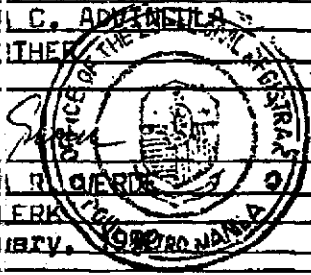
Signature \_\_\_\_\_  
 Name in print MIGNONETTE MORTEL M.D.  
 Title of position CONSULTANT

Address PARAÑAQUE COMMUNITY HOSPITAL  
Parañaque, Metro Manila  
 Date 6 February, 1992

14. INFORMANT  
 Signature R. Advincula  
 Name in print REBECCA C. ADVINCULA  
 Relationship to child MOTHER

Address Manga Site, Sucat  
Parañaque, Metro Manila  
 Date 6 February, 1992

15a. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in print ROSSAMIL R. QUIRIS  
 Title or position CLERK  
 Date 6 February, 1992



b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in print \_\_\_\_\_  
 Title or position CIVIL REGISTRATION OFFICER III  
 Date \_\_\_\_\_

15a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

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