



Form No. 502
January 1998

(To be accomplished in quadruplicate)

PREVIOUS/ADDITIONAL DELIVER? YES NO

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Fill out completely, accurately and legibly, use ink or typewriter.
Page 1 follows the appropriate Annexes in Annex 2, 3a, 3b and 3c.

Province Cebu City Region 08 4780
City/Municipality _____

CHILD	1. NAME <u>JOHN EDEN</u> (Middle) <u>DONIBARAO</u>	
	2. SEX <u>1</u> Male <u>2</u> Female	3. DATE OF BIRTH <u>12 FEB 1998</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>U.S. SYSTEM Hospital Cebu City Cebu</u>	
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others (Specify)
MOTHER	6. MAIDEN NAME (First) <u>Lourdes</u> (Middle) _____ (Last) <u>Dinaguno</u>	
	7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Catholic</u>
	9a. Total number of children born alive: <u>02</u>	9b. No. of children still surviving including this birth: <u>02</u>
	9c. No. of children born since that are now dead: <u>0</u>	
FATHER	10. OCCUPATION <u>Housewife</u>	
	11. Age at the time of this birth: <u>32</u> years	
	12. RESIDENCE (House No., Street, Barangay) <u>1244-1245</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>	
DATE	13. NAME (First) _____ (Middle) <u>UNKNOWN</u> (Last) _____	
	14. CITIZENSHIP <u>N/A</u>	
	15. RELIGION <u>N/A</u>	
16. OCCUPATION <u>N/A</u>		17. Age at the time of death: <u>N/A</u> years

For OCRM USE ONLY:
Registration Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
42	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
43	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
44	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
45	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
46	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
47	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
48	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
49	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
50	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
51	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
52	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
53	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
54	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
55	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
56	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
57	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
58	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
59	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>
60	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>0</u>

18. DATE AND PLACE OF MARRIAGE OF PARENTS: (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the birth.)
NOT APPLICABLE

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Miko (Traditional Healer) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
(I hereby certify that I attended the birth of the child who was born alive at 2:50 P.M. at about am/pm on the date stated above.
Signature Theresa E. Gallo Address Cebu Doctors' Hospital
Name in Print Theresa E. Gallo, M.D. General Med. Bldg. Cebu City
Title or Position Attending Physician Date Jan. 20, 1998

20. INFORMANT
Signature L. Dinaguno Address Interoceanic
Name in Print LOURDES DINAGUNO 6000 Cebu City
Relationship to the child MOTHER Date JAN. 15, 1998

21. PREPARED BY
Signature [Signature]
Name in Print REGINA P. BERSALES
Title or Position Registrar General
Date Jan. 16, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature WGA A. NUGER
Name in Print WGA A. NUGER
Title or Position Registrar
Date MAR 23 1998

NA
01/23/98

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Stationer and Civil Registrar General