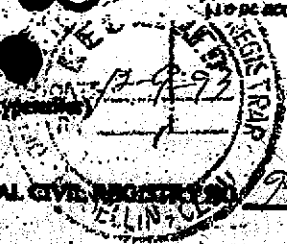


REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)



PROVINCE Cebu LOCAL CIVIL REGISTRAR Bago
CITY/MUNICIPALITY Medellin

1 NAME (First) ED KEVIN (Middle) SICLOT (Last) DE GUZMAN

2 SEX (Place 'X' on appropriate sex) X Male - 2 Female
3 DATE OF BIRTH (Day) 17 (Month) November (Year) 1993

4 PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) Bago-Medellin Medical Center (City/Municipality) Medellin (Province) Cebu

5a TYPE OF BIRTH X Single 2 Twin 3 Three or more
b. IF MULTIPLE BIRTH CHILD WAS 1 First 2 Second 3 Third, etc.

6 MAIDEN NAME (First) Soledad (Middle) Valle (Last) Siclot 7 NATIONALITY Filipino 8 RELIGION Roman Catholic

9 NAME (First) Edgar (Middle) Arciote de Guzman (Last) de Guzman 10 NATIONALITY Filipino 11 RELIGION Roman Catholic

12 DATE AND PLACE OF MARRIAGE OF PARENTS (If parents, if not applicable, fill Affidavit of acknowledgment on the back)
January 30, 1993 Bago, Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH.
I hereby certify that attended the 2 of the child who was born alive at 2:08 hours a.m. on the date stated above

Signature [Signature] Address Luz-o, Medellin, Cebu
Name in print Dr. Teodoro Domingo Date November 17, 1993
Title or position Resident Physician

14 INFORMANT
Signature [Signature] Address Poblacion, Bago, Cebu
Name in print Edgar de Guzman Date November 17, 1993
Relationship to child Father

15 PREPARED BY
Signature [Signature] RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print Analina L. Montecillo Signature [Signature]
Title or position O.P. Nurse Name in print HELEN T. PALLA
Date November 17, 1993 Title or position LOCAL CIVIL REGISTRAR

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

06073-1A-400JSA-00431-B1001

BReN
02231-A93WH01-5

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.