

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

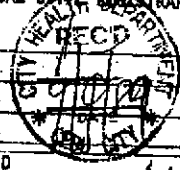
PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 8902160
 CITY/MUNICIPALITY Cebu City
 NAME (First) MARK JAY (Middle) SILA (Last) SELLORIA
 SEX (Place "x" on appropriate answer) 1 Male 2 Female DATE OF BIRTH (Day) (Month) (Year) 30 AUGUST 1989
 PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay) (City/Municipality) (Province) CHONG HUA HOSPITAL CEBU CITY CEBU
 TYPE OF BIRTH (Place "x" on appropriate answer) 1 Single 2 Twin 3 Three or more b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
 MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
EMMA GIDA SILA Filipino Roman Catholic
 NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
RICARDO DESTURA SELLORIA Filipino Roman Catholic
 DATE AND PLACE OF MARRIAGE OF PARENTS (important: if not applicable, fill Affidavit of Acknowledgment at the back)
January 28, 1988 Mandaue City, Cebu
 CERTIFICATE OF ATTENDANT AT BIRTH

Father Mother

I hereby certify that I attended the birth of the child who was born alive at 9:20 o'clock a.m./p.m. on the date stated above.
 Signature [Signature] Address c/o Cebu Community Hospital
 Name in print ROSALINA Z. VELOSO, M.D. Cebu City
 Title or position Attending Physician Date September 04, 1989

14 INFORMANT
 Signature [Signature] Address Tipolo, Mandaue City
 Name in print EMMA SILA SELLORIA
 Relationship to child MOTHER Date September 01, 1989

15 a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature] Signature _____
 Name in print BERNARDINA I. GERONA Name in print _____
 Title or position Clerk-Records Section Title or position _____
 Date September 04, 1989 Date _____



16 a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 3000
 (Important: Informant should also provide information for items 17 to 29. The code boxes are to be filled out at the office of the Local Civil Registrar)

PROVINCE Cebu Local Civil Registry No. 8902160 Registration Status 1
 CITY/MUNICIPALITY Cebu City
 17 Weight of Birth (in grams) 2760 18 Birth Order of Child Ex. First, Second, etc. Second 02
 19 a. Total Number of Children Born Alive two 02 b. How many children are now living including this birth? two 02 c. How many children were born alive but are now dead None 00
 20 Usual Occupation Housewife 27 21 Age at the time of this Birth 20 years old
 22 Usual Residence (Barangay) (City/Municipality) (Province) Tipolo, Mandaue City, Cebu 22301
 23 Usual Occupation Employee X20 24 Age at the time of this Birth 28 years old
 25 Attendant of Birth (Place "x" on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others 43

RESERVE FOR BINDING

Sex 1 Date of Birth 70081819 Place of Birth 22128 Mother's Nationality 1 Father's Nationality 1
 44 45 51 56 57
 NAME OF CHILD
 First M.I. Last
MARK JAY S SELLORIA
 68 70 71