

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

PROVINCE CEBU
CITY/MUNICIPALITY CEBU CITY

LOCAL CIVIL REGISTRY NO. 2-1849

1. NAME (First) MONJESSA THERESE (Middle) PITOGO (Last) VELOSO

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female 3. DATE OF BIRTH (Day) 22 (Month) OCTOBER (Year) 1990

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) CEBU PUERICULTURE CENTER & MATERNITY HOUSE INC., (City/Municipality) CEBU CITY (Province) CEBU

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

6. MAIDEN NAME (First) MA. MONINA (Middle) MALUYA (Last) PITOGO 7. NATIONALITY FIL. 8. RELIGION ROMAN CATHOLIC

9. NAME (First) JERRY (Middle) LEPATAN (Last) VELOSO 10. NATIONALITY FIL. 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) JUNE 17, 1989 CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH 2142
I hereby certify that I attended the birth of the child who was born alive at 2:42 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE INC.,
 Name in print SERECIA SEPULVEDA, M.D. CEBU CITY
 Title or position PHYSICIAN Date OCTOBER 22, 1990

14. INFORMANT
 Signature [Signature] Address 208 B. ARANAS ST., CEBU CITY
 Name in print MA. MONINA VELOSO
 Relationship to child MOTHER Date OCTOBER 22, 1990

15a. PREPARED BY
 Signature [Signature] Signature [Signature]
 Name in print JOCELYN B. ITONG Name in print [Signature]
 Title or position CLERK Title or position [Signature]
 Date OCTOBER 22, 1990 Date [Signature]

16c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 0220