

THIS CERTIFICATE IS VALID ONLY WHEN REGISTERED IN THE LOCAL CIVIL REGISTRY OFFICE OF THE PROVINCE, CITY OR MUNICIPALITY CONCERNED.

AT THE STATE OF THIS TEST A NUMBER OF ...
 ... AND COUNTED AS FAILURE UNLESS ...
 ... PASSED PASSING SCORE IS 70 ...
 ... AT THE STATE OF THIS TEST A NUMBER OF ...



Municipal Register No. 102
 (Revised 1983)

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

(To be accomplished in triplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 92 1571
 CITY/MUNICIPALITY Cebu City

1. NAME (First) <u>ERI ANTONY</u> (Middle) <u>TELA ROSA</u> (Last) <u>REDUOSA</u>	
2. SEX (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (Day) <u>18</u> (Month) <u>October</u> (Year) <u>1992</u>
4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street address) <u>Cebu Doctors' Hospital</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>	
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Three or more	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Third, 4th, etc.
6. MAIDEN NAME (First) <u>Jessica</u> (Middle) <u>de la Rosa</u> (Last) <u>Reduosa</u>	7. NATIONALITY <u>Filipino</u>
8. NAME (First) <u>not applicable</u> (Middle) <u>not applicable</u> (Last) <u>not applicable</u>	9. RELIGION <u>Catholic</u>
10. NATIONALITY <u>n/a</u>	11. RELIGION <u>n/a</u>

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
Not Applicable

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 5:33 AM o'clock a.m./p.m. on the date stated above
 Signature: Mercedes V. Plas Address: Cebu Doctors' Hospital
 Name in print: MERCEDIS V. PLAS, M.D. Date: Cebu, 18, 1992
 Title or position: M(2) PL199780

14. INFORMANT
 Signature: [Signature] Address: 176 Bonifacio St.
 Name in print: JESUS K. REDUOSA Date: Cebu City
 Relationship to child: mother Date: October 18, 1992

15a. PREPARED BY
 Signature: [Signature] Signature: NIDA A. NUNZUO
 Name in print: Doc. D. Rindorrio Name in print: CLERK III
 Title or position: medical records clerk Title or position: WATERCLOTT
 Date: Oct. 18, 1992 Date: [Signature]

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