



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

(To be accomplished in 1 month)

LOCAL CIVIL REGISTRY NO. 91-1751

CITY / MUNICIPALITY CEBU CITY

1. NAME (First) JESSA MARIE (Middle) (Last) LICARDO

2. SEX (Place 'X' on appropriate answer) 1 Male X 2 Female DATE OF BIRTH (Day) 22 (Month) JULY (Year) 1991

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) PERPETUAL SUCCOUR HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

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

6. MAIDEN NAME (First) SIMPLICIA (Middle) VITO (Last) LICARDO 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) Date NOT APPLICABLE Place

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at 4:30 A.M. o'clock on the date stated above PERPETUAL SUCCOUR HOSPITAL

Signature [Signature] Address [Address] Name in print DIVINEGRACIA SUMALING, M.D. Date JULY 26, 1991 Title or position RESIDENT PHYSICIAN

14. INFORMANT Signature [Signature] Address 296-L GONZALES CPO., GORRORO AVENUE, Name in print MR. SIMPLICIA V. LICARDO Date JULY 26, 1991 Relationship to child MOTHER

15a. PREPARED BY Signature [Signature] Address b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature [Signature] Name in print [Name] Title or position [Title] Date JULY 26, 1991

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 0780

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BEST POSSIBLE IMAGE



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[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office