



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF BIRTH
(For use only in the Philippines)

(To be completed in triplicate)

92-1705

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. _____
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) GERTRUDE (Middle) ABARQUEZ (Last) MANATAD
2. SEX (Place "X" on appropriate answer) Female
3. DATE OF BIRTH (Day) 24 (Month) FEBRUARY (Year) 1992

4. PLACE OF BIRTH (Name of Hospital/Institution) CEBU AGRICULTURE CENTER & MATERNITY HOUSE INC., (City/Municipality) CEBU CITY (Province) CEBU

5. TYPE OF BIRTH (Place "X" on appropriate answer) Single IF MULTIPLE BIRTH, CHILD WAS First
6. MAIDEN (First) (Middle) (Last) GERTRUDE ABARQUEZ TOMULAK

7. RELIGION ROMAN CATHOLIC

8. NAME (First) (Middle) (Last) BERNARDO AGUIRADO MANATAD JR. 10. NATIONALITY FIL. 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE AUGUST 5, 1988 (City/Municipality) CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:00 o'clock am / p.m. on the date stated above.

Signature EMMA LAD VICTA, M.D.
Name in print PHYSICIAN
Title or position _____

Address CEBU PUEB. CENTER & MAT. HOUSE INC., M
CEBU CITY
Date FEBRUARY 24, 1992

14. INFORMANT
Signature GERTRUDE MANATAD
Name in print NOTICE
Title or position _____

Address OGON, PAROC, CEBU CITY
Date FEBRUARY 24, 1992

Signature JOSUEAN B. TONG
Name in print CLERK
Title or position FEBRUARY 24, 1992
Date _____

Signature NIDA A. ALINEZ
Name in print CLERK III
Title or position DATE REC'D 2/24/92
Date _____

15. INFORMATION GIVEN IN SUPPLEMENTAL REPORT _____