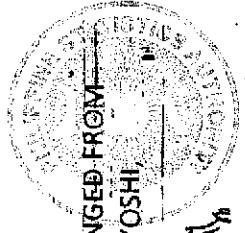


(Copy for OCRG)



ACKNOWLEDGED BY MOTOHRO MIYOSHI ON FEBRUARY 16, 2010. THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM CASINILLO TO MIYOSHI ON FEBRUARY 16, 2010. THE CHILD SHALL BE KNOWN AS: JULIANA CLAIRE GASINILLO MIYOSHI, PURSUANT TO R.A. 9255.

MS. EDITH R. ORTIZ
Chief, Records Management Division
03/24/2010 01:46:56 PM

SID: 495A5DC30E96988BF71E5FD0A834926C0846662D

Municipal Form No. 102 (Revised January 1933)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate number in items 2, 5a, 5b and 19a.)</small>				
Province <u>CEBU</u>		Registry No. <u>2003 20121</u>		For OCRG USE ONLY PREVIOUS REGISTRATION NO. _____ TO BE FILED IN OFFICE OF THE REGISTRAR 41 _____ 42 _____ 43 _____ 44 _____ 45 _____ 46 _____ 47 _____ 48 _____ 49 _____ 50 _____ 51 _____ 52 _____ 53 _____ 54 _____ 55 _____ 56 _____ 57 _____ 58 _____ 59 _____ 60 _____ 61 _____ 62 _____ 63 _____ 64 _____ 65 _____ 66 _____ 67 _____ 68 _____ 69 _____ 70 _____ 71 _____ 72 _____ 73 _____ 74 _____ 75 _____ 76 _____ 77 _____ 78 _____ 79 _____ 80 _____
City/Municipality <u>CEBU CITY</u>				
1. NAME (First) (Middle) (Last) <u>JULIANA CLAIRE CASINILLO</u>		3. DATE OF BIRTH (day) (month) (year) <u>10 JULY 2003</u>		
2. SEX <u>1 Male</u> <u>2 Female</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUER. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____		
6. MAIDEN NAME (First) (Middle) (Last) <u>LUZ DIASO CASINILLO</u>		7. CITIZENSHIP <u>PHIL.</u>		
8. RELIGION <u>ROMAN CATHOLIC</u>		9a. Total number of children born alive: <u>1</u>		
9b. No. of children still living including this birth: <u>1</u>		9c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>22</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>16 SANSON ROAD, LANUG CEBU CITY CEBU</u>		13. NAME (First) (Middle) (Last) <u>UNKNOWN</u>		
14. CITIZENSHIP <u>N.A.</u>		15. RELIGION <u>N.A.</u>		
16. OCCUPATION <u>N.A.</u>		17. Age at the time of this birth: <u>N.A.</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT APPLICABLE</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:49</u> o'clock <u>PM</u> on the date stated above. Signature <u>[Signature]</u> <u>CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY</u> Name in Print <u>ROSIE MARY YUSON, M.D.</u> Title or Position <u>PHYSICIAN</u> Date <u>JULY 10, 2003</u>				
20. INFORMANT Signature <u>[Signature]</u> <u>16 SANSON ROAD, LANUG CEBU CITY, CEBU</u> Name in Print <u>LUZ CASINILLO</u> Relationship to the MOTHER _____ Date <u>JULY 10, 2003</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIANILLA C. HERNANDEZ</u> Title or Position <u>CLERK</u> Date <u>JULY 10, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>OSCAR B. MOLO</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date _____		

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BEST POSSIBLE IMAGE



BReN
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Documentary

[Signature]
JOSE B. PEREZ
Assistant Secretary