



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(Fill out, completely, accurately and legibly in ink or typewriter)

42-442

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. _____

CITY/MUNICIPALITY Cebu City

1. NAME (First) (Middle) (Last)
NINO ANGELO QUINAL MANAL

2. SEX (Place "X" on appropriate answer) 1 Male 2 Female 1 Male

3. DATE OF BIRTH (Day) (Month) (Year)
5 November 1992

4. PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street address) (City/Municipality) (Province)
Cebu Puer.Center & Maternity House, Inc. Cebu City Cebu

5. TYPE OF BIRTH (Place "X" on appropriate answer) 1 Single 2 Twin 3 Three or more 1 Single

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
ANGELINA MATURAN QUINAL Phil. Roman Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
ALLAN LUMAYA MANAL Phil. Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)
June 23, 1979 Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:27 o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address Cebu Puer.Center & Maternity House, Inc.
Name in print DR. JUSTA PALINAR, M.D. Cebu City
Title or position physician Date November 5, 1992

14. INFORMANT
Signature [Signature] Address 42 Gen. Luega
Name in print ANGELINA MANAL Cebu City
Relationship to child _____ Date November 5, 1992

15a. PREPARED BY
Signature [Signature] _____
Name in print MARILITA S. BERNARDES _____
Title or position CLERK _____
Date November 5, 1992 _____

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

Father Mother

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Registration

1460

04427-FC-400VGF-00990-BI001

BEST POSSIBLE IMAGE



T400044274000099002142012001

KH800911474

BReN
02217-A92W517-1

Documentary
Stamp Tax Paid

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

