



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

(To be accomplished in Triplicate)

LOCAL CIVIL REGISTRY NO. 92-1401

1. NAME
 PROVINCE CEBU CITY CITY
 (First) (Middle) (Last)
WAREN MERCADER ARDINA

2. SEX (Place 'X' on appropriate answer)
 1 Male 2 Female
 DATE OF BIRTH (Day) (Month) (Year)
19 APRIL 1992
 (City/Municipality) (Province)

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay)
TALAMBAN LYING-IN CLINIC CEBU CITY CEBU
 5b. IF MULTIPLE BIRTH, CHILD WAS

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

6. MAIDEN NAME (First) (Middle) (Last)
CRISPINA CARSELLER MERCADER
 7. NATIONALITY FIL
 8. RELIGION P.C.

9. NAME (First) (Middle) (Last)
ROBERT DABON ARDINA
 10. NATIONALITY FIL
 11. RELIGION P.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Date MAY 10 1987 Place MALABON CEBU

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 1:30 clock am on the date stated above.
 Signature [Signature] Address TALAMBAN CEBU CITY
 Name in print NILDA ANABUEZA
 Title or position PHM Date APRIL 19 1992

14. INFORMANT
 Signature Robert ARDINA Address TALAMBAN CEBU CITY
 Name in print ROBERT ARDINA
 Relationship to child FATHER Date APRIL 19 1992

15a. PREPARED BY
 Signature [Signature] Signature NIDA A. NUNEZ
 Name in print LUCIA R. JUAREZ Name in print CLERK III
 Title or position PHM Title or position DATERC 0450
 Date _____ Date _____

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

04671-7D-400DCL-00644-BI001
 BEST POSSIBLE IMAGE



T400046714000064410152012001

UH000977334

BReN
 02217-A92GK01-3

Documentary
 Stamp Tax Paid

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

