



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in Triplicate)

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

CEBU

LOCAL CIVIL REGISTRY NO. 91-1191

CITY / MUNICIPALITY DALAGUETE

1. NAME (First) (Middle) (Last)

BREZZIE PELONIO SALABE

2. SEX (Place 'X' on appropriate answer) DATE OF BIRTH (Day) (Month) (Year)

1 Male 2 Female 11 September 1991

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

DR. ILDEFONSO ALCANTARA MEMORIAL HOSPITAL DALAGUETE, CEBU

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS

1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION

BIENVENIDA AMAZONA PELONIO FILIPINO ROMAN CATHOLIC

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

LEONARDO OCLIDA SALABE FILIPINO ROMAN CATHOLIC

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

Date October 8, 1981 Place Hagna, Bohol

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:00 o'clock am/pm on the date stated above.

Signature [Signature] Address 230K RD., GORORDO AVENUE
Name in print EDWIN FONGES, M.D. CEBU CITY
Title or position Attending Physician Date October 4, 1991

14. INFORMANT

Signature Bienvendida P. Salabe Address EL PARDO, BOLJOON, CEBU
Name in print BIENVENIDA P. SALABE
Relationship to child Mother Date October 4, 1991

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature] Signature [Signature]
Name in print ELISUENO A. DUENAS Name in print ZOILCO L. ZAMBRANO
Title or position Secretary Title or position LOCAL CIVIL REGISTRAR
Date October 4, 1991 Date October 2, 1991

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

October 4, 1991 **160**

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

Registration