



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

(To be accomplished in triplicate)

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 89-80
CITY/MUNICIPALITY BOGO

1. NAME (First) AMZON JOURGANE (Middle) CABANSAG (Last) COTEJO

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female 3. DATE OF BIRTH (Day) 14 (Month) January (Year) 1989

4. PLACE OF BIRTH (Name of Hospital/Institution: (if not in hospital, give street/barangay) SVM DH, Bogo, Cebu (City/Municipality) (Province)

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

6. MAIDEN NAME (First) Corason (Middle) Valendez (Last) Cabansag 7. NATIONALITY Phil. 8. RELIGION R.C.

9. MOTHER NAME (First) Amelito (Middle) Villafuente (Last) Cotejo 10. NATIONALITY Phil. 11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) April 7, 1985 San Remigio, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH 4:45 AM
I hereby certify that I attended the birth of the child who was born above on the date stated above.

Signature [Signature] Address SVM DH, Bogo, Cebu
Name in print BENJAMIN M. RODRIGUEZ
Title or position Resident Physician Date January 14, 1989

14. DECLARANT Signature [Signature] Address Poblacion, San Remigio, Cebu
Name in print CORAZON COTEJO
Relationship to child Mother Date January 14, 1989 4660

15. PREPARED BY Signature [Signature] Address [Address]
Name in print DELIA G. LAPITEN
Title or position Clerk I Date January 14, 1989
Signature [Signature] Address [Address]
Name in print BLANCA M. LAPITEN
Title or position Local Civil Registrar
Date February 7, 1989

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

04372-3F-400ACS-00523-BI001
BEST POSSIBLE IMAGE



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BReN
02211-A89AE02-5
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[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

