CITY/MUNICIPALITY_

REPUBLIC OF THE PHILIPPINES CERTIFICATE OF LIVE BIRTH

Calbayog City

90-00049

LOCAL CIVIL REGISTRY NO._

(To be accomplished in triplicate)

	PO VAIVY	TGRURAT	TGEGRAZ
SEX (Place 'X' on appro	opriate answer)	3. DATE OF BIRTH (Day)	(Month) (Year)
1 Male 2 Ferr	nale ')	12	Desember 1989
PLACE OF (Name of F	Hospital/Institution: if not in/	(City/Municipality)	• (Province)
	Berra Capacana	Salbayog Gey	Somer
	e X' on appropriate enswer)	IF MULTIPLE BIRTH, CHIL	
1 Single 2 T	Twin 3 Three or more.	1 Pirst 2 Second	3 Third, 4th, etc.
MAIDEN (First)	(Middle) (Last)	7. NATIONALITY	B. RELIGION
NAME INITION	TILLA TORDEAT	Palk	E.
NAME (First)	(Middle) (Lost)	10 NATIONAUTY	11, RELIGION
DATE AND PLACE OF	MARRIAGE OF PARENTS LANDOIT & LA	The applicable fill Affidevit of Acknow	ledgment at the back).
INFORMANT Signature Name in print Relationship to child PREPARED BY	GIPA GAGOMOD GAGA R. Stfouhou, ER H. TOBUMAY Father Wice:	Address Ergy, Capor Calbayog C Data Calbayog C Date Calbayog C Date Signature Signature	CEN CEN LEY 1990 EGF THE OCCAL CIVIL REGISTRAR
	TRONA S. ROSALIS	Name in print	Rosa A. Ayıs L Registry Officer
Yitle or position	NO - Jul Analyst	Title or position	
Time or position	DODE - 12 - 1990	A STATE OF THE PARTY OF THE PAR	dana 31. 1990
Date	N IN SUPPLEMENTAL REPORT	b. DATE WHEN INFORMA	TION WAS SUPPLIED 3040
Date	N IN SUPPLEMENTAL REPORT	b. DATE WHEN INFORMA	TION WAS SUPPLIED 3040
ORTO ORTO OFFICE OF THE PROVINCE	N IN SUPPLEMENTAL REPORT (Important: Informant should at are to be filled out	b. DATE WHEN INFORMA as provide information for items 17 to at the Office of the Local Civil Regist	TION WAS SUPPLIED 3040
Oate	N IN SUPPLEMENTAL REPORT (Important: Informant should at are to be filled out Samer Calbayog City PAUTY of Birth	b. DATE WHEN INFORMA lao provide information for items 17 to at the Office of the Local Civil Regist 18. Birth Order of Ch (first, second.	TION WAS SUPPLIED 3040 23. The code boxes (24). (25) Registration (26) O O O O O O O O O O O O O O O O O O O
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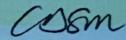
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