



(To be completed in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

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

PLACE CEBU
 MUNICIPALITY CEBU CITY

LOCAL CIVIL REGISTRY NO. 90-762

NAME (First) MARY GRACE (Middle) CARBOCEL (Last) PEREZ

SEX (Place 'X' on appropriate answer) 1 Male 2 Female
 3. DATE OF BIRTH (Day) 9 (Month) JULY (Year) 1990

PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/Barangay) PERPETUAL SUCCESSOR HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

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

MAIDEN NAME (First) FRANCIS (Middle) MAGPUYO (Last) CARBOCEL 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC

NAME (First) ANTONIO (Middle) MAGBANUA (Last) PEREZ 10. NATIONALITY FILIPINO 11. RELIGION ROMAN CATHOLIC

DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back.)
JULY 8, 1980 - DAVAO CITY

CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 6:00 o'clock a.m./p.m. on the date stated at

Signature [Signature] Address PERPETUAL SUCCESSOR HOSPITAL

Name in print ROSITA GRACE MACARIO, M.D.
 Title or position RESIDENT PHYSICIAN Date JULY 11, 1990

1. INFORMANT Signature [Signature] Address ARELLANO BLVD., CEBU CITY

Name in print MRS. FRANCIS C. PEREZ Date JULY 11, 1990

Relationship to child MOTHER 2. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

3. PREPARED BY Signature [Signature] Name in print MRS. LOLITA O. GARCIA

Title or position MEDICAL RECORD-IN-CHARGE Title or position [Signature]

Date JULY 11, 1990 Date 7/19/90
 INFORMATION GIVEN IN SUPPLEMENTAL REPORT * b. DATE WHEN INFORMATION WAS SUPPLIED 1400

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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
 Philippine Statistics Authority

