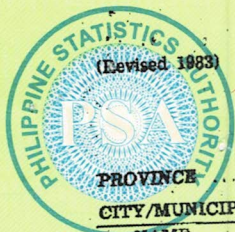


(To be accomplished in Triplicate)



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

CEBU LOCAL CIVIL REGISTRY NO. **266-91**

PROVINCE **CEBU** CITY/MUNICIPALITY **BARILI**

1. NAME (First) **MARILOU** (Middle) **TABLEZO** (Last) **DUPAL-AG**

2. SEX (Place 'X' on appropriate answer) ☒ Male ☐ Female DATE OF BIRTH (Day) **19** (Month) **February** (Year) **1991**

3. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) **Barili District Hospital Barili Cebu**

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

6. MAIDEN NAME (First) **MARCIANA** (Middle) **LONGCOB** (Last) **TABLEZO** 7. NATIONALITY **FIL.** 8. RELIGION **R.C.**

9. NAME (First) **FIDEL** (Middle) **DUPAL-AG** (Last) **DUPAL-AG** 10. NATIONALITY **FIL.** 11. RELIGION **R.C.**

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgement at the back) Date **AUG 12, 1987** Place **RITON DUMANJUG, CEBU**

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at **12:50** o'clock **am** on the date stated above. Signature **[Signature]** Address **POBLACION BARILI, CEBU**

14. INFORMANT Signature **[Signature]** Date **2/21/91** Address **TANGIL DUMANJUG, CEBU**

15a. PREPARED BY Signature **[Signature]** Date **2/21/91** Name in print **CORAZON CARACENA** Title or position **STAFF NURSE** b. RECEIVED AT THE OFC. OF THE LOCAL CIVIL REGISTRAR Signature **[Signature]** Date **2/21/91** Name in print **FILDHENA C. LOPEZ** Title or position **Asst. LCR**

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED **1990**

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

PROVINCE **CEBU** CITY/MUNICIPALITY **BARILI** Local Civil Registry No. **00205191** Registration Status **15**

17. Weight at Birth (In grams) **2,5Kls.** **1500** 18. Birth Order of Child **5th** Ex. first, second, etc. **20**

19a. Total Number of Children Born Alive **5** 22 b. How many children are now living including this birth? **5** 24 c. How many children were born alive but are now dead? **0** 25

20. Usual Occupation **MERCHANT** 26 21. Age at the time of this Birth **30 y.o.** **30** 31

22. Usual Residence (Barangay) **TANGIL** (City/Municipality) **DUMANJUG** (Province) **CEBU** 33

23. Usual Occupation **EMPLOYEE** 39 24. Age at the time of this Birth **36 y.o.** **36** 41

25. Attendant of Birth (Place 'X' on appropriate answer) ☒ Physician ☐ Nurse ☐ Midwife ☐ Hilot ☐ Others **1** 43

Sex **2** 44 Date of Birth **190291** 45 Place of Birth **22103** 51 Mother's Nationality **2** 56 Father's Nationality **1** 57

NAME OF CHILD First M.I. Last
MARILOU T DUPAL-AG

07164-B5-400JAE-00567-BI026

BReN

02210-A91DK02-5

CLAIRE DENNIS S. MAPA, Ph. D.