

CERTIFICATE OF LIVE BIRTH

8009

16881

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THE BIRTH CERTIFICATE NUMBER

1a. NAME OF CHILD—FIRST NAME CHERYL		1b. MIDDLE NAME LEE		1c. LAST NAME DIMAANO	
2. SEX FEMALE	3a. THIS BIRTH, SINGLE, TWIN OR TRIPLET? SINGLE	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR SEPTEMBER 17, 1974		4b. HOUR 8:42 AM
5a. PLACE OF BIRTH—NAME OF HOSPITAL NAVAL REGIONAL MEDICAL CENTER			5b. STREET ADDRESS (STREET AND NUMBER, OR LOCATION) SAN DIEGO, CALIFORNIA 92134		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES
5d. CITY OR TOWN SAN DIEGO			5e. COUNTY SAN DIEGO		
6a. MAIDEN NAME OF MOTHER—FIRST NAME ROSALINDA		6b. MIDDLE NAME TAPOLLA		6c. LAST NAME (MAIDEN SURNAME) RETIS	
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PHILIPPINES		8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 29 YEARS		8a. SOCIAL SECURITY NUMBER OF MOTHER 571 21 5107	
9. COLOR OR RACE OF MOTHER MALAYAN		10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION) 5769 ALTAMONT DRIVE		10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES	
10c. RESIDENCE OF MOTHER—CITY OR TOWN SAN DIEGO			10d. RESIDENCE OF MOTHER—COUNTY SAN DIEGO		10e. RESIDENCE OF MOTHER—STATE CALIFORNIA
11a. NAME OF FATHER—FIRST NAME ROMULO		11b. MIDDLE NAME MARGO		11c. LAST NAME DIMAANO	
12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PHILIPPINES		13. AGE OF FATHER (AT TIME OF THIS BIRTH) 30 YEARS		13a. SOCIAL SECURITY NUMBER OF FATHER 563 70 7168	
14. COLOR OR RACE OF FATHER MALAYAN		15a. PRESENT OR LAST OCCUPATION SK2		15b. KIND OF INDUSTRY OR BUSINESS USN	
I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Rosalinda R. Dimasano</i>			16b. DATE REVIEWED AND SIGNED BY INFORMANT SEPTEMBER 18, 1974
		17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—SIGNATURE—DEGREE OR TITLE <i>G.G. EDWARDS, M.D.</i>		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT SEPTEMBER 19, 1974	
I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE		17c. ADDRESS NAVAL REGIONAL MEDICAL CENTER			17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER NONE
		19. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 16 1974