NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

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

PROVINCE RIZAL

LOCAL CIVIL REGISTRY NO. 57 6196

CITY/MUNICIPALITY *MUNICIPALITY OF ANTIPOLO*

1. NAME (First) MARTIN JAN (Middle) ENOLVA (Last) MERCURIO

2. SEX (Place 'X' on appropriate answer) X 1 Male — 2 Female

3. DATE OF BIRTH (Day) 22 (Month) DECEMBER (Year) 89

4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street/barangay) (City/Municipality) (Province)
BLESSED TRINITY MATERNITY CLINIC MAYAMOT ANTIPOLO RIZAL

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single — 2 Twin — 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS — 1 First X 2 Second — 3 Third, 4th, etc.

(Mother)

6. MAIDEN NAME (First) CECILIA (Middle) POLISTICO (Last) ENOLVA

7. NATIONALITY FIL.

8. RELIGION R. C.

(Father)

9. NAME (First) MANOLO (Middle) JUMAWAN (Last) MERCURIO

10. NATIONALITY FIL.

11. RELIGION R. C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)
JULY 29, 1987 BAY BAY LEYTE

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:45 o'clock a.m./p.m. on the date stated above.

Signature [signature]

Name in print ELSIE L. FERRER

Title or position PHYSICIAN (OB- GYNE)

Address BLESSED TRINITY MAT. CLINIC MAYAMOT ANTIPOLO

Date DECEMBER 22, 1989

14. INFORMANT

Signature [signature]

Name in print MANOLO J. MERCURIO

Relationship to child FATHER

Address St. Cecilia MARIS VILL II MAYAMOT ANTIPOLO

Date DECEMBER 22, 1989

15a. PREPARED BY

Signature [signature]

Name in print GIRLIE M/ LANARIO

Title or position MIDWIFE

Date DECEMBER 22, 1989

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [signature]

Name in print IGNACIO E. ASUNCION LOCAL CIVIL REGISTRAR

Title or position M. P. D. C.

Date 12-26-89

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED 3450

(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)

Local Civil Registrar No. 8 576196 — Registration Status 15

PROVINCE RIZAL

CITY/MUNICIPALITY ANTIPOLO

RESERVE FOR BINDING

(Child)

17. Weight at Birth (in grams) 7.6 lbs. 3447

18. Birth Order of Child (1st, second, etc.) Second 20

(Mother)

19. a. Total Number of Children Born Alive 2 (22)

b. How many children are now living including this birth? 2 (24)

c. How many children were born alive but are now dead? 0 (26)

20. Usual Occupation HOUSEWIFE 28

21. Age at the time of this Birth 25 31

22. Usual Residence (Barangay) (City/Municipality) (Province)
St. Cecila MARIS VILL II MAYAMOT ANTIPOLO 33

(Father)

23. Usual Occupation RADIO TECHNICIAN 38

24. Age at the time of this Birth 31 41

25. Attendant at Birth (Place X on appropriate answer) X 1 Physician — 2 Nurse — 3 Midwife — 4 Hilot — 5 Others 43

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
M (44)	DEC 22, 1989 (45) 12-12-89	ANTIPOLO (51)	F (56)	F (57)

NAME OF CHILD

First	M.I.	Last
MARTIN JAN (58)	E (70)	MERCURIO (71)

04572-3E-999APR-00037-BI001

BEST POSSIBLE IMAGE

T089045729990003707082012001

SH700168702

BReN
05802-A89YN01-1

Documentary Stamp Tax Paid

[signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office