(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Ormoc
Registry No. 95-4135

CHILD

1. NAME (First) KEXELSA JOY (Middle) CUESTA (Last) NUÑEZ
2. SEX ___ 1 Male x 2 Female
3. DATE OF BIRTH (day) (month) (year) 28 October 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Ormoc Maternity & Children's Hospital (City/Municipality) Ormoc City (Province) Leyte
5a. TYPE OF BIRTH x 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify ___
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 3rd
d. WEIGHT AT BIRTH 3557 grams

MOTHER

6. MAIDEN NAME (First) LILIBETH (Middle) LUCHAVEZ (Last) CUESTA
7. CITIZENSHIP FIL
8. RELIGION R.C.
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION Gov't Employee/Designated Agri. Tech.
11. Age at the time of this birth: 28 years
12. RESIDENCE (House No., Street, Barangay) Don Felipe (City/Municipality) Ormoc City (Province) Leyte

FATHER

13. NAME (First) GREGORION (Middle) DABIOS (Last) NUÑEZ
14. CITIZENSHIP Fil
15. RELIGION R.C.
16. OCCUPATION Gov't Employee/Designated Meat Insp.
17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) December 2, 1988 @ Ormoc City

19a. ATTENDANT x 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:40 am o'clock am/pm on the date stated above.
Signature ___
Name in Print ROSEMARIE CAF, M.D.
Title or Position OB-GYNE
Address Ormoc Maternity & Children's Hospital
Date 10/28/95

20. INFORMANT
Signature [signature]
Name in Print GREGORIO D. NUÑEZ
Relationship to the child FATHER
Address Don Felipe Ormoc City
Date 10/31/95

21. PREPARED BY
Signature [signature]
Name in Print AMELITA ARTIGAS, R.M.
Title or Position Midwife/Clerk
Date 10/31/95

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print ARCHILLES SILVA
Title or Position City Civil Registrar
Date 11-08-95

FOR OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 5 0 4 1 3 5
48: 1
49: 2 50: 2 8 1 0 9 5
58: 3 7 3 8 2
61: 1
62: 0 3 64: 3 3 5 7
68: 1 69: 1
70: 0 3 72: 0 3 74: 0 0
78: X 2 0 79: 2 1
81: 3 7 3 8 2
86: 1 87: 1
4140
89: X 2 0 91: 3 0 946
93: 1
94: 1
120288
37782
1102413

05631-6G-999CCV-00918-BI001

BEST POSSIBLE IMAGE

T0890563199900918060220150001

PJ300726140

BReN
03738-A95VU06-7

Documentary Stamp Tax Paid

[signature]
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority