Municipal Form No. 102
(Revised 1983)

(To be maintained in triplicate)

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

LOCAL CIVIL REGISTRY, NO. 88-5111

PROVINCE: METRO MANILA
CITY/MUNICIPALITY: MANDALUYONG

1. NAME: (First) ANNA MARTHA (Middle) GORRES (Last) COMO
2. SEX (Place "X" on appropriate answer) ___ 1 Male X 2 Female.
3. DATE OF BIRTH (Day) 3 (Month) August (Year) 1988
4. PLACE OF BIRTH (Name of Hospital/Institution if not in hospital, give street/barangay) MANDALUYONG MEDICAL CENTER (City/Municipality) MANDALUYONG (Province) METRO MANILA
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 ___ 2 Second ___ 3 Third, 4th, etc.

Mother
6. MAIDEN NAME: (First) Charito (Middle) Alperos (Last) Gorres
7. NATIONALITY: Filipino
8. RELIGION: Catholic

Father
9. NAME: (First) Zenimo (Middle) Bagood (Last) Como
10. NATIONALITY: Filipino
11. RELIGION: Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (If not applicable, fill Affidavit of Acknowledgment at the back) May 4, 1987 - Quezon City

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:00 o'clock a.m./p.m. *on the date stated above.*
Signature: [signature]
Name in print: JOCELYN SAN-LUCAS, M.D.
Title of position: Resident Physician
Address: MANDALUYONG MEDICAL CENTER, Boni Ave., Mandaluyong, Metro Manila
Date: August 9, 1988

14. INFORMANT
Signature: [signature]
Name in print: ZOSIMO B. COMO
Relationship to child: Father
Address: 674 Boni Ave., Mandaluyong, Metro Manila
Date: August 9, 1988

15a. PREPARED BY
Signature: [signature]
Name in print: JOSEPHINE P. MAGLASANG
Title or position: Medical Record In-Charge
Date: August 9, 1988

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [signature]
Name in print: FELINA V. REYES
Title or position: ASSIST CIVIL REGISTRY FIELD OFFICER III
Date: AUG 18 1988

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 1730

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

Local Civil Registry No. [illegible] (8) Registration Status (15)

PROVINCE: METRO MANILA
CITY/MUNICIPALITY: MANDALUYONG

RESERVE FOR BINDING

CHILD
17. Weight at Birth (in grams) 2300 (16)
18. Birth Order of Child (ie. first, second, etc) First (20)

MOTHER
19a. Total Number of Children Born Alive 0 (22)
b. How many children are now living including this birth? 1 (24)
c. How many children were born alive but are now dead? 0 (26)
20. Usual Occupation Housekeeper (28)
21. Age of the time of this Birth 28 (31)
22. Usual Residence (Barangay) 674 Boni Ave., (City/Municipality) Mandaluyong (Province) Metro Manila (33)

FATHER
23. Usual Occupation Helper Mechanic (38)
24. Age at the time of this Birth 29 (41)

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

Sex: 2 (44) Date of Birth: AUG 3 1988 Place of Birth: 1 (51) Mother's Nationality: 1 (56) Father's Nationality: 1 (57)

NAME OF CHILD
First: ANNA MARTHA (58) M.I.: G (70) Last: COMO (71)

01979-D7-402RDC-00031-BI001
BEST POSSIBLE IMAGE

T4020197940200031060220050O1

07401-A88R301-4

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

AC 900370756