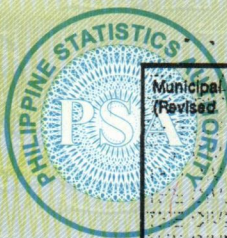


(Copy for OCRG)



Municipal Form No. 102 (Revised January 1993)
 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly. Use ink or equivalent. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province _____ Registry No. _____
 City/Municipality PASIG CITY

1. NAME (First) JULIE D. MARIE (Middle) TORREVALDAS (Last) GUATLO

2. SEX 1. Male X 2. Female

3. DATE OF BIRTH (day) 27 (month) MAY (year) 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) RIZAL MEDICAL CENTER (City/Municipality) _____ (Province) _____

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) SECOND (first, second, third, etc.)

d. WEIGHT AT BIRTH 2.50 grams

6. MAIDEN NAME (First) CHISA (Middle) DIANO (Last) TORREVALDAS

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE

11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) 31 CLEOFAS ST. PASONG TAMO, TANDANG SORA Q.C. (City/Municipality) _____ (Province) _____

13. NAME (First) MANUEL JR. (Middle) CACHUELA (Last) GUATLO

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION DRIVER

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.) MARCH 29, 1987 ORMOG CITY

19a. ATTENDANT X 1. Physician 2. Nurse 3. Midwife 4. Healer (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 2:16 o'clock am/pm on the date stated above.

Signature _____ Address RIZAL MEDICAL CENTER
 Name in Print _____ Date MAY 27, 1996
 Title or Position _____

20. INFORMANT
 Signature _____ Address PASONG TAMO
 Name in Print D. GUATLO Date MAY 27, 1996
 Relationship to the child MOTHER

21. PREPARED BY
 Signature _____ Address _____
 Name in Print RACRAN Date _____
 Title or Position PGI

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____ Address _____
 Name in Print JULIETA B. JAVIER Date MAY 27, 1996
 Title or Position REGISTRATION OFFICER IV

REMARKS/ANNOTATION

For OCRG USE ONLY
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

9607702

270596

74639

023500

020200

22024

74047

1280

98532

03292

3722

051396

08669-41-991JNR-00931-BI001

BEST POSSIBLE IMAGE

T080086699910093109262023001
BRO00187141

BRen

07403-A96KT0G-3

Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority