(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY PSA

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.)

Province _____ Registry No. 96-7196

City/Municipality PASIG CITY

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) JUCEL (Middle) MARIE (Last) TORREVILLAS 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) (first, second, third, etc.) SECOND

d. WEIGHT AT BIRTH 3000 grams

MOTHER

6. MAIDEN NAME (First) CELSA (Middle) DIANO (Last) TORREVILLAS

7. CITIZENSHIP FIL

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. (City/Municipality) PASONG TAMO, TANDANG SORA Q.C (Province)

FATHER

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

14. CITIZENSHIP FIL

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 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 2:16 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 TANDANG SORA QC
Name in Print CELSA G. GUATLO
Relationship to the child MOTHER
Date MAY 27, 1996

21. PREPARED BY
Signature _____
Name in Print RACHAEL P. G
Title or Position _____
Date May 27, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print JULIETA B. JAVIER
Title or Position REGISTRATION OFFICER IV
Date JUN 12 1996

41	9 6 0 7 7 0 2
48	1
49	2
50	2 7 0 5 9 6
56	7 4 6 3 9
61	1
62	0 2
64	3 5 0 0
68	1
69	1
70	0 2
72	0 2
74	0 0
76	2 2 0
79	2 4
81	7 4 0 4 7
86	1
87	1
89	9 8 5
91	3 0
93	1
94	1

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BEST POSSIBLE IMAGE

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority