(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines

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: NEGROS OCCIDENTAL
City/Municipality: BACOLOD CITY

Registry No. 94-10115

FOR OCRG USE ONLY: Population Reference No. 450-694704-4

TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME — (First) RUBY ANA — (Middle) BUATAG — (Last) AREVALO

2. SEX — ___ 1 Male — X 2 Female

3. DATE OF BIRTH — (day) (month) (year) — 14 September 1994

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province) — CLMMRHospital Bacoled City Negros Occ.

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) — 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH — 2200 grams

MOTHER

6. MAIDEN NAME — (First) FLORDELIZA — (Middle) LOBATON — (Last) BUATAG

7. CITIZENSHIP — FILIPINO

8. RELIGION — R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

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

10. OCCUPATION — Sales Clerk

11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) — Hda. Sta. Maria Talisay Negros Occidental

FATHER

13. NAME — (First) ROBERTO — (Middle) DE BARBA — (Last) AREVALO

14. CITIZENSHIP — FILIPINO

15. RELIGION — R.C.

16. OCCUPATION — Sugarcane Worker

17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) — JANUARY 29, 1994 - VICTORIAS

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 4:41 P.M. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: MARY JENNIFER JARDENIL,MD
Title or Position: Medical Officer III
Address: CLMMRH Bacoled City
Date: September 14, 1994

20. INFORMANT
Signature: [signature]
Name in Print: FLORDELIZA AREVALO
Relationship to the child: MOTHER
Address: Hda. Sta. Maria Talisay, Neg. Occ.
Date: September 14, 1994

21. PREPARED BY
Signature: [signature]
Name in Print: JENNIFER V. LIO
Title or Position: R.N.
Date: September 14, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: AURORA C. PARREÑO
Title or Position: REGISTRATION OFFICER IV
Date: SEP 27 1994

1630

07374-5B-402GMA-00126-BI001

BEST POSSIBLE IMAGE

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F0000060607

BReN
04501-A94TE0P-3

Documentary
Stamp Tax Paid

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