(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.)

Province: LEYTE
City/Municipality: ORMOC
Registry No. 97-394

CHILD

1. NAME (First) DAVID WINSTON (Middle) WARQUE (Last) TABADA
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 17 January 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Ormoc District Hospital (City/Municipality) Ormoc (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.): fourth

d. WEIGHT AT BIRTH: 2,700 grams

MOTHER

6. MAIDEN NAME (First) MARIA AURORA TERESITA (Middle) ROLDAN (Last) WARQUE
7. CITIZENSHIP: Filipino
8. RELIGION: R. Catholic

9a. Total number of children born alive: 4

b. No. of children still living including this birth: 4

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

10. OCCUPATION: college instructor
11. Age at the time of this birth: 34 years
12. RESIDENCE (House No., Street, Barangay) Apt. 5 VISCA, (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME (First) WINSTON (Middle) MEMBREBE (Last) TABADA
14. CITIZENSHIP: Filipino
15. RELIGION: Methodist
16. OCCUPATION: college professor
17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Nov. 18, 1984 - Cebu 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 7:40 AM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: ALICIA TEGENON, M.D.
Title or Position: Private Physician
Address: Ormoc City, Leyte
Date: 1-21-97

20. INFORMANT
Signature: [signature]
Name in Print: WINSTON M. TABADA
Relationship to the child: father
Address: Apt. 5, VISCA, Baybay, Leyte
Date: 1-21-97

21. PREPARED BY
Signature: [signature]
Name in Print: JOSEPHINE B. GOLINA
Title or Position: Clerk I
Date: 1-21-97

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ARCHILLES A. SILVA
Title or Position: CCR
Date: 1/22/97

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 7 0 0 3 9 4
48: 1
49: 1 50: 1 7 0 1 9 7
56: 48 3 8 V
61: 1
62: 0 4 64: 7 7 0 0
65: 1 69: 1
70: 0 4 72: 0 4 74: 0 0
76: 1 5 3 79: 5 4
81: 3 7 0 8 V
86: 1 87: 0 1700
88: 1 3 3 91: 0 1
93: 1 22178
94: 1 11/18/84 1/27/97

08199-71-999JMM-05242-BI001

BEST POSSIBLE IMAGE

T0890819999905242061320220001

BReN
03738-A97AH01-5

Documentary
Stamp Tax Paid

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

VP900451875