Municipal Form No. 102
(Revised 1988)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(...e accomplished in triplicate)
(Type or print correctly, accurately and legibly in ink or typewriter)

CERTIFIED TRUE COPY FROM THE RECORDS
DATE: 9-8-95

ARCHILES A. SILVA
ASST. LOCAL CIVIL REGISTRAR

PROVINCE: LEYTE
CITY/MUNICIPALITY: ORMOC
LOCAL CIVIL REGISTRY NO.: 86 - 3167

1. NAME: (First) MICHAEL (Middle) GASPAN (Last) MENDOZA, JR.
2. SEX (Place 'X' on appropriate answer): X 1 Male ___ 2 Female
3. DATE OF BIRTH (Day) (Month) (Year): Sept. 1986
4. PLACE OF BIRTH (Name of Hospital/Institution: if not in/ hospital, give street/barangay): ORMOC DISTRICT HOSPITAL (City/Municipality): ORMOC (Province): LEYTE
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) MARIETTA (Middle) VENTURA (Last) GASPAN
7. NATIONALITY: FIL.
8. RELIGION: R. C.

Father:
9. NAME: (First) MICHAEL (Middle) SAGALES (Last) MENDOZA
10. NATIONALITY: FIL.
11. RELIGION: R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back): FEBRUARY 23, 1986 : Ormoc City

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at ____ o'clock a.m./p.m. on the date stated above.
Signature: SGD.
Name in print: MARGARITA A. NAPASINDAYAO
Title or position: Senior Res. Physician
Address: Ormoc District Hospital
Date: Sept. 20, 1986

14. INFORMANT
Signature: SGD.
Name in print: MICHAEL MENDOZA
Relationship to child: Father
Address: Dayhagan, Ormoc City
Date: ~~Sept. 20, 1986~~

15a. PREPARED BY
Signature: SGD.
Name in print: MAIRA M. JAYME
Title or position: Medicare Clerk
Date: 9-20-86

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: SGD.
Name in print: ~~CRISTINA C. GON-UI~~
Title or position: Statistician
Date: Oct. 2, 1986

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

REMARKS INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT: CHILD'S DAY OF BIRTH: " 20 "

CERTIFIED CORRECT: 7-22-04

RESERVE FOR BINDING

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

Registration Status
Local Civil Registry No.
PROVINCE: Leyte
CITY/MUNICIPALITY: Ormoc

Child:
17. Weight at Birth (in grams): 3,160 kg.
18. Birth Order of Child (first, second, etc.): 1st

Mother:
19a. Total Number of Children Born Alive: 1
b. How many children are now living including this birth? 1
c. How many children were born alive but are now dead?
20. Usual Occupation: Housewife
21. Age at the time of this Birth: 22
22. Usual Residence (Barangay): Dayhagan (City/Municipality): Ormoc (Province): Leyte

Father:
23. Usual Occupation: Sugar Planter
24. Age at the time of this Birth: 24

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

Sex | Date of Birth | Place of Birth | Mother's Nationality | Father's Nationality

NAME OF CHILD: First | M.I. | Last

"IPAKITA SA MUNDO, UMAASENSO NA TAYO".