Municipal Form No. 102 (Revised 1983) (To be accomplished in Triplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Leyte LOCAL CIVIL REGISTRY NO. 92-2378

CITY/MUNICIPALITY Baybay

1. NAME (First)	(Middle)	(Last)
Christan Mikhael	Diaz	Restor

2. SEX	3. DATE OF BIRTH (Day)	(Month)	(Year)
x 1 Male ___ 2 Female	16	October,	1992

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay)	(City/Municipality)	(Province)
Western Leyte Prov. Hospital,	Baybay,	Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer): ___ x Single ___ 2 Twin ___ 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Third, 4th, etc.

	6. MAIDEN NAME (First)	(Middle)	(Last)	7. NATIONALITY	8. RELIGION
Mother	Wilma	B.	Diaz	Fil.	RC
Father	9. NAME (First)	(Middle)	(Last)	10. NATIONALITY	11. RELIGION
	Benjamin	L.	Restor	Fil.	RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)

Date January 24, 1987 Place Guadalupe, Baybay, Leyte

13. CERTIFICATE OF ATTENDANT OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 3:15 am o'clock a.m./p.m. on the date stated above.

Signature [signature] Address WLFH, Baybay, Leyte

Name in print Vicente Germano, M.D. Date 10/16/92

Title or position Resident Physician

14. INFORMANT

Signature [signature] Address Visca, Baybay, Leyte

Name in print Wilma B. Restor Date 10/16/92

Relationship to child Mother

15a. PREPARED BY

Signature [signature]

Name in print Camila Mercuianos

Title or position Baybay Nursing Attendant

Date 10/16/92

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [signature]

Name in print Noel V. Panagbanag 4310

Title or position OIC-CRO

Date NOV 26 1992

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

(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)

Local Civil Registry: 9 2 0 2 3 7 8 (8) Registration Status: 1 (15)

PROVINCE Leyte

CITY/MUNICIPALITY Baybay

Child

17. Weight of Birth (In grams) 2,700 grms — 2 7 0 0 (16)

18. Birth Order of Child (Ex. first, second, etc.) 2 — 0 2 (20)

Mother

19a. Total Number of Children Born Alive 2 — 0 2 (22)

b. How many children are now living including this birth? 2 — 0 2 (24)

c. How many children were born alive but are now dead? 0 — 0 1 (26)

20. Usual Occupation Housekeeper — 2 2 0 (28)

21. Age at the time of this birth 32 — 3 2 (31)

22. Usual Residence: Barangay Visca, (City/Municipality) Baybay, (Province) Leyte — 3 7 0 8 5 (33)

Father

23. Usual Occupation Security Guard — 4 1 1 (39)

24. Age at the time of this birth 31 — 3 1 (41)

25. Attendant of Birth (Place 'X' on appropriate answer): ___ 1 Physician ___ 2 Nurse x 3 Midwife ___ 4 Hilot ___ 5 Others — 2 (43)

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
1 (44)	1 6 1 0 9 2 (45)	3 7 0 8 5 (51)	1 (56)	1 (57)

NAME OF CHILD

First	M.I.	Last
CHRISTAN MIKHAEL	D.	RESTOR

(60) (70) (71)

RESERVE FOR BINDING

05259-57-999CCV-04935-BI001

BEST POSSIBLE IMAGE

T0890525999904935052620140O1

X10000079012

BReN 03708-A92UG03-5

Documentary Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General

Philippine Statistics Authority