Municipal Form No. 102
(Revised 1993)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in in or typewriter)

(To be accomplished in Triplicate)

3400017

PROVINCE: Eastern Samar
CITY / MUNICIPALITY: Borongan
LOCAL CIVIL REGISTRY NO.: PRN-2604-A93ZW02-2

1. NAME (First)	(Middle)	(Last)
RINA	COLES	ALDE

2. SEX (Place 'X' on appropriate answer)	DATE OF BIRTH (Day)	(Month)	(Year)
____ 1 Male X 2 Female	30	December	1993

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay)	(City/Municipality)	(Province)
Eastern Samar Provincial Hospital	Borongan	Eastern Samar

5a. TYPE OF BIRTH (Place 'X' an appropriate answer)
X 1 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
Teresita	Arma	Coles	Fil.	R. Catholic

9. NAME (First)	(Middle)	(Last)	10. NATIONALITY	11. RELIGION
Emmanuel	Belano	Alde Sr.	Fil.	R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
Date: April 25, 1990 Place: Borongan, Eastern Samar

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12 o'clock an/pm on the date stated above.
Signature: [signature]
Name in print: REYNERIO H. ZAMORA, M.D.
Title or position: Chief of Hospital
Address: Borongan, Eastern Samar
Date: Jan. 5, 1994

14. INFORMANT
Signature: [signature]
Name in print: EMMANUEL B. ALDE SR.
Relationship to child: Father
Address: Bato, Borongan, Eastern Samar
Date: Jan. 5, 1994 1040

15a. PREPARED BY
Signature: [signature]
Name in print: ANGELA C. ALDE
Title or position: REGISTRY OFFICER II
Date: January 5, 1994

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [signature]
Name in print: ROLAND R. CATALO
Title or position: LCR REGISTRATION OFFICER
Date: JANUARY 7, 1994

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIES

03330-BB-425LCC-00001-BI001

BEST POSSIBLE IMAGE

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BReN
02604-A93ZW02-3

Documentary
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[signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office