PHILIPPINE STATISTICS AUTHORITY PSA

(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: Baybay
Registry No. 95-289

CHILD

1. NAME (First) CLAUDETTE MILI HOFF (Middle) ENTERINA (Last) GARDUCE
2. SEX ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 23th August 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): Western Leyte Provincial Hospital (City/Municipality): Baybay (Province): Leyte

5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: X 1 First ___ 2 Second ___ 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): 1st
d. WEIGHT AT BIRTH: 3,100 grams

MOTHER

6. MAIDEN NAME (First) Fleur Vincentia (Middle) Jumawan (Last) Enterina
7. CITIZENSHIP: Fil
8. RELIGION: RC

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: ___
10. OCCUPATION: Student
11. Age at the time of this birth: 22 years
12. RESIDENCE (House No., Street, Barangay): A. Bonifacio st. (City/Municipality): Baybay (Province): Leyte

FATHER

13. NAME (First) Randy (Middle) Bathan (Last) Garduce
14. CITIZENSHIP: Fil
15. RELIGION: RC
16. OCCUPATION: -
17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 12, 1995 Pomponan, Baybay, Leyte

19a. ATTENDANT
___ 1 Physician X 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 5:00AM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: Josephine Zafido M.D.
Title or Position: Medical Officer
Address: WLPH Baybay, Leyte
Date: 8/23/95

20. INFORMANT
Signature: [signature]
Name in Print: Fleur Vincentia Garduce
Relationship to the child: Mother
Address: A. Bonifacio st. Baybay, Leyte
Date: 8/23/95

21. PREPARED BY
Signature: [signature]
Name in Print: Mary Ann Chiong
Title or Position: Staff Nurse
Date: 8/23/95

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: Noel V. Managbanag
Title or Position: M.C.R.
Date: 9-1-95

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. [illegible]RP01-9

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: [illegible]
48: [illegible]
49: [illegible] 50: [illegible]
56: [illegible]
61: 1
62: 01 64: [illegible]
66: 1 69: 1
70: [illegible] 72: 01 74: [illegible]
76: [illegible] 79: [illegible]
81: [illegible]
86: 1 87: 1

3150

88: 990 91: 27
93: 1
94: 1

061295
3708
090195

08115-BH-999CBC-03439-BI001

BEST POSSIBLE IMAGE

T08908115999034390321202001

QP200274850

BReN
03708-A95RP01-9

Documentary Stamp Tax Paid

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