Municipal Form No. 102
(Revised 1993)

(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. 87-112

CITY / MUNICIPALITY: BAYBAY

1. NAME	(First) MICHELLE	(Middle) SANCHEZ	(Last) ESTOY
2. SEX (Place 'X' on appropriate answer)	___1 Male X 2 Female	DATE OF BIRTH (Day) 28	(Month) February (Year) 1987
4. PLACE OF BIRTH	(Name of hospital/institution; if not in hospital, give street/barangay) VISCA Infirmary	(City/Municipality) Baybay	(Province) Leyte
5a. TYPE OF BIRTH (Place 'X' on 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.
MAIDEN NAME	(First) LUCENITA	(Middle) POLANCOS	(Last) SANCHEZ
7. NATIONALITY	Filipino	8. RELIGION	Roman Catholic
9. NAME	(First) EDUARDO	(Middle) DE LA CRUZ	(Last) ESTOY
10. NATIONALITY	Filipino	11. RELIGION	Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (If not applicable, fill Affidavit of Acknowledgement at the back)
Date: June 17, 1984 — Place: MacArthur, Tudela, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:30 o'clock am/pm on the date stated above.
Signature: [signature] — Address: VISCA, Baybay, Leyte
Name in print: CARMIANO M. MIRANDA II, M.D.
Title or position: Clinic Physician — Date: March 2, 1987

14. INFORMANT
Signature: [signature] — Address: Guadalupe, Baybay, Leyte
Name in print: EDUARDO C. ESTOY
Relationship to child: Father — Date: March 2, 1987

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15a. PREPARED BY
Signature: [signature]
Name in print: MARILYN A. ORQUILLA
Title or position: Clerk I
Date: March 2, 1987

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [signature]
Name in print: PETRONILO T. SILLA
Title or position: CIVIL REGISTRAR
Date: MAR 03 1987

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 No. 8 7 0 1 1 2 — Registration Status 15

PROVINCE: LEYTE
CITY / MUNICIPALITY: BAYBAY

Child — 17. Weight at Birth (in grams)	3,400 — 16: 3400	18. Birth Order of Child Ex. first, second, etc.	Second — 20: 02
19a. Total Number of Children Born Alive	2 — 22: 02	b. How many children are now living including this birth?	2 — 24: 02
		c. How many children were born alive but are now dead?	0 — 26: 00
Mother — 20. Usual Occupation	Res. Assistant — 29: A20	21. Age at the time of this Birth	28 — 31: 28
22. Usual Residence (Barangay)	Guadalupe	(City/Municipality) Baybay	(Province) Leyte — 33: 370851
Father — 23. Usual Occupation	Security Guard — 33: 5189	24. Age at the time of this Birth	24 — 41: 24

25. Attendant at Birth (Place 'X' on appropriate answer)
___1 Physician ___2 Nurse ___3 Midwife ___4 Hilot ___5 Others — 42: 1

RESERVE FOR BINDING

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
2	28 02 87	370851	1	1
44	45	34	56	57

NAME OF CHILD

First	M.I.	Last
MICHELLE	S	ESTOY
69	70	71