PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 _____ Registry No. 94057
City/Municipality Manila

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 [9][4][5][5][0][5][2]

48 [1]

49 [7] 50 [1][5][0][8][9][4]

56 [3][9][0][4][7]

61 [1]

62 [0][3] 64 [3][0][3][3]

68 [1] 69 [1]

70 [0][3] 72 [0][3] 74 [0][8]

76 [X][2][0] 79 [3][4]

81 [5][5][0][4][4]

86 [1] 87 [1]

88 [4][2][0] 91 [3][4]

112687

93 [1] 00540 39990

94 [1] 08 1994

CHILD

1. NAME — (First) MICHELLE AUBREY (Middle) RELEVO (Last) DOMINGO

2. SEX — ____ 1 Male X 2 Female

3. DATE OF BIRTH — (day) 15 (month) Aug. (year) 1994

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province) MINESE GENERAL HOSPITAL and Medical Center

5a. TYPE OF BIRTH — X 1 Single ____ 2 Twin ____ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS — ____ 1 First ____ 2 Second ____ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 3rd.

d. WEIGHT AT BIRTH 3053 grams

MOTHER

6. MAIDEN NAME — (First) Socorro (Middle) M. (Last) Relevo

7. CITIZENSHIP Fil.

8. RELIGION Catholic

9a. Total number of children born alive: 3

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 0

10. OCCUPATION Employee

11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 6020 Gen. T. de Leon St. Tarola Homes Val. M.M.

FATHER

13. NAME — (First) Mario (Middle) L. (Last) Domingo

14. CITIZENSHIP Fil.

15. RELIGION Catholic

16. OCCUPATION Employee

17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
November 26, 1987 - Manila

19a. ATTENDANT
X 1 Physician ____ 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 7:45 a.m. o'clock am/pm on the date stated above.

Signature _____
Name in Print Elizabeth Go, M.D.
Title or Position Physician
Address MINESE GENERAL HOSPITAL and Medical Center
Date Aug. 17, 1994

20. INFORMANT
Signature _____
Name in Print SOCORRO R. DOMINGO
Relationship to the child MOTHER
Address 6020 Gen. T. de Leon St. Tarola Homes Val. M.M.
Date 8/17/94

21. PREPARED BY
Signature _____
Name in Print M.F. Tibayan
Title or Position Clerk-Birth Sec.
Date Aug. 7, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print ATTY. LUCENA C. DACUAN
Title or Position ASST. CITY REGISTRAR
Date AUG 19 1994

08635-98-999EME-03498-BI001

BEST POSSIBLE IMAGE

T0890863599903498082320230 01

BReN
03905-A94RF0X-9

Documentary
Stamp Tax Paid

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

ZQ600005763