Municipal Form No. 102
(Revised 1983)

NATIONAL STATISTICS OFFICE NSO

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

PROVINCE Leyte — LOCAL CIVIL REGISTRY NO. 90-917
CITY/MUNICIPALITY Baybay

1. NAME (First) Ike (Middle) Elorcha (Last) Mascariñas
2. SEX (Place 'X' on appropriate answer) x 1 Male 2 Female
3. DATE OF BIRTH (Day) 9 (Month) April (Year) 1990
4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street address) Western Leyte Prov. Hospital, (City/Municipality) Baybay, (Province) Leyte
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) x 1 Single 2 Twin 3 Triplet or more
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

Father / Mother

6. MAIDEN NAME (First) Elmira (Middle) O. (Last) Elorcha
7. NAME (First) Rafael (Middle) C. (Last) Mascariñas
8. RELIGION RC
9. NATIONALITY Fil.
10. NATIONALITY Fil.
11. RELIGION RC
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important. If not applicable, fill Affidavit of Acknowledgement at the back) March 28, 1987, Visca, Baybay, Leyte

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:41am *o'clock a.m./p.m. on the date stated above.*
Signature
Name in print Fulton Ike Arrodaza, M.D.
Title or position Physician
Address UPH, Baybay, Leyte
Date 4/9/90

14. INFORMANT
Signature E Mascariñas
Name in print Elmira Mascarinas
Relationship to child Mother
Address Bo. Guadalupe, Baybay, Leyte
Date 4/9/90

15a. PREPARED BY
Signature Eu. D. Gaviola
Name in print Eugonia D. Gaviola
Title or position Nursing Attendant
Date 4/9/90

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature
Name in print Noel V. [illegible]
Title or position LCR
Date 4/11/90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
b. DATE WHEN INFORMATION WAS SUPPLIED

0440

(Important: Informant should also provide information for items 17 to 28. The white boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Leyte — Local Civil Registry No. 90009117 — Registration
CITY/MUNICIPALITY Baybay

Child
17. Weight at Birth (In grams) 3,200gms
18. Birth Order of Child (1st, second, etc.) 02
19a. Total Number of Children Born Alive 02
b. How many children are now living including this birth? 02
c. How many children were born alive but are now dead? 00

Mother
20. Usual Occupation Housekeeper
21. Age at the time of this Birth 27

Father
22. Usual Residence (Barangay) Bo. Guadalupe, (City/Municipality) Baybay, (Province) Leyte
23. Usual Occupation Employee
24. Age at the time of this Birth 37
25. Attendant at Birth (Place 'X' on appropriate answer) x 1 Physician 2 Nurse x 3 Midwife 4 Hilot 5 Others

Sex 1 — Date of Birth 04/09/90 — Place of Birth 2 — Mother's Nationality — Nationality 1

NAME OF CHILD
First: IKE — M.I.: E — Last: MASCARIÑAS

RESERVE FOR BINDING

CERTIFIED XEROX COPY FROM ORIGINAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS 29 DAY OF [illegible] 2010 AT [illegible] PHILIPPINES

IKE E. MASCARIÑAS

ERWIN A. PUNZALAN
Prosecutor

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BEST POSSIBLE IMAGE

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

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