(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: METRO MANILA
City/Municipality: LAS PIÑAS
Registry No.: 94-06533

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1) NAME: (First) IÑIGO EZEKIEL (Middle) QUIÑONES (Last) CABASE

2) SEX: X 1 Male ___ 2 Female

3) DATE OF BIRTH: (day) 10 (month) September (year) 1994

4) PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Perpetual Help Medical Center-Pamplona, (City/Municipality) Las Piñas, (Province) MM

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.): Second

d) WEIGHT AT BIRTH: 3118 grams

MOTHER

6) MAIDEN NAME: (First) Melinda (Middle) Alvarez (Last) Quiñones

7) CITIZENSHIP: Filipino

8) RELIGION: R. Catholic

9a) Total number of children born alive: 2

b) No. of children still living including this birth: 2

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

10) OCCUPATION: Accountant

11) Age at the time of this birth: 30 years

12) RESIDENCE: (House No., Street, Barangay) Blk 19 Lot 14-A Galatian St. Camella Homes Pilar Vill, (City/Municipality) (Province)

FATHER

13) NAME: (First) Joseph (Middle) Reyes (Last) Cabase

14) CITIZENSHIP: Filipino

15) RELIGION: R. Catholic

16) OCCUPATION: Employee

17) Age at the time of this birth: 30 years

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

04 January 1988 - Daet Camarines Norte

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 8:55 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: ALMA M. MACAS, M.D.
Title or Position: Ob/Gyne
Address: PHMC - LPMH
Date: 23 September 1994

20) INFORMANT

Signature: [signature]
Name in Print: MELINDA Q. CABASE
Relationship to the child: Mother
Address: B19 L14-A Galatian St. Camella Homes Pilar Vill.
Date: [illegible]

21) PREPARED BY

Signature: [signature]
Name in Print: ROSALINA M. DAVID
Title or Position: Med. Rec.-Supervisor
Date: 23 September 1994

22) RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: [illegible]
Title or Position: REGISTRATION OFFICER II
Date: 28 SEP 1994

CIVIL REGISTRAR GENERAL
SEP 28 1994

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

51: 94 06533
48: 1
49: 1
50: 10911
56: 46018
61: 1
62: LPMH
64: 9 1 16
66: [illegible]
69: 1
70: 12
72: 12
74: 94
78: 1 1 1
79: 30
81: 46016
85: [illegible]
87: 1
3110.
88: X100
91: 30
LPMH
0104 88
93: 1
16036
94: 1
SEP 28 1994

08115-D5-999R17-01417-BI001
BEST POSSIBLE IMAGE

T0890811599901417032120220O1
QP000222159

BReN
07601-A94SA09-8

Documentary
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National Statistician and Civil Registrar General
Philippine Statistics Authority