NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102
(Revised 1983)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink. Do not use pencil.)

(To be accomplished in triplicate)

CIVIL REGISTRAR RECEIVED JUN 23 1989 DAVAO CITY

LOCAL CIVIL REGISTRY NO. 89 12 468

PROVINCE

CITY/MUNICIPALITY DAVAO CITY

1. NAME	(First)	(Middle)	(Last)
	KEANE JIM	TENORIO	AGRAVANTE

2. SEX (Place 'X' on appropriate answer) — X 1 Male — 2 Female

3. DATE OF BIRTH (Day) 05 (Month) JUNE (Year) 1989

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) DAVAO DOCTORS' HOSPITAL (City/Municipality) DAVAO CITY (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) — X 1 Single — 2 Twin — 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS — 1 First — 2 Second — 3 Third, 4th, etc.

Father Mother	6. MAIDEN NAME	(First) FE	(Middle) FLORES	(Last) TENORIO	7. NATIONALITY FILIPINO / 8. RELIGION ROMAN CATHOLIC
	9. NAME	(First) LORENZO	(Middle) BAÑARIA	(Last) AGRAVANTE	10. NATIONALITY FILIPINO / 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgement at the back) October 15, 1988 @ SAN PABLO PARISH, LANZONA SUBD., MATINA, DAVAO CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 11:47 *o'clock* a.m./p.m. *on the date stated above.*

Signature [signature] Address DAVAO DOCTORS' HOSPITAL, DAVAO CITY
Name in print AMELIA A. VEGA, M.D. Date JUNE 06, 1989
Title or position ATTENDING PHYSICIAN

14. INFORMANT

Signature [signature] Address #34 AURORA ST., DAVAO CITY
Name in print FE TENORIO AGRAVANTE Date JUNE 21, 1989
Relationship to child MOTHER

15a. PREPARED BY

Signature [signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print VIRGINIA BORJA NAPARAN Signature [signature] 2140
Title or position MEDICAL RECORDS CLERK Name in print REMEDIOS T. SALINGAY
Date JUNE 21, 1989 Title or position OFFICER-IN-CHARGE
Date JUN 23 1989

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. 89 12 468 (8) Registration Status 1 (15)

PROVINCE

CITY/MUNICIPALITY DAVAO CITY

Child

17. Weight at Birth (in grams) 2360 — 2360 (16)

18. Birth Order of Child Ex. first, second, etc. FIRST — 01 (20)

Mother

19a. Total Number of Children Born Alive 02 — 01 (22)

b. How many children are now living including this birth? 01 — 01 (24)

c. How many children were born alive but are now dead? NX — 00 (26)

20. Usual Occupation EMPLOYEE — X 20 (28)

21. Age at the time of this Birth 30 — 30 (31)

22. Usual Residence (Barangay) #34 AURORA ST., (City/Municipality) DAVAO CITY (Province) — 24 02 26 (33)

Father

23. Usual Occupation EMPLOYEE — X 20 (38)

24. Age at the time of this birth 33 — 33 (41)

25. Attendant at Birth (Place 'X' on appropriate answer) — X 1 Physician — 2 Nurse — 3 Midwife — 4 Hilot — 5 Others — 1 (43)

RESERVE FOR BINDING

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
1 (44)	05 06 89 (45)	24 02 6 (51)	1 (56)	1 (57)

NAME OF CHILD

First	M.I.	Last
KEANE JIM	T	AGRAVANTE (58)

CERTIFIED TRUE COPY OF THE ORIGINAL

TERESITA L. QUINANOLA
DEPUTY ADMINISTRATIVE OFFICER

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

03735-7D-700LRV-00932-BI001

BEST POSSIBLE IMAGE

BReN
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Documentary
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