(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 _____
City/Municipality MANILA

Registry No. 96-6995

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME — (First) JADE BARACHIEL — (Middle) DADO — (Last) BANTASAN

2. SEX — X 1 Male ____ 2 Female

3. DATE OF BIRTH — (day) 02 (month) AUG. (year) 1996

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) METROPOLITAN HOSPITAL, TONDO, MANILA — (City/Municipality) — (Province)

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 (first, second, third, etc.)

d. WEIGHT AT BIRTH — 2722 grams

MOTHER

6. MAIDEN NAME — (First) JOCELYN GEMMA MIGUELA — (Middle) C. — (Last) DADO

7. CITIZENSHIP — FILIPINO

8. RELIGION — ROMAN CATHOLIC

9a. Total number of children born alive: 01

b. No. of children still living including this birth: 01

c. No. of children born alive but are now dead: 00

10. OCCUPATION — SALES REP.

11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) — (City/Municipality) — (Province) — # 2029 JUAN LUNA ST., TONDO, MANILA

FATHER

13. NAME — (First) DOMINADOR — (Middle) I. — (Last) BANTASAN JR.

14. CITIZENSHIP — FILIPINO

15. RELIGION — ROMAN CATHOLIC

16. OCCUPATION — COMP. COLLECTOR

17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) — DECEMBER 30, 1995, STA. MESA, 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 4:12 pm o'clock am/pm on the date stated above.

Signature [signature]
Name in Print SANDRA MAY ONGPIAN, M.D.
Title or Position OBSTETRICIAN
Address METROPOLITAN HOSPITAL MANILA
Date AUG. 03, 1996

20. INFORMANT

Signature [signature]
Name in Print DOMINADOR I. BANTASAN JR.
Relationship to the child FATHER
Address SAME AS ABOVE
Date AUG. 03, 1996

21. PREPARED BY

Signature [signature]
Name in Print EVELYN M. REMO
Title or Position MED. RECORDS CLERK
Date AUG. 03, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

BY:
Signature [signature]
Name in Print ATTY. REMEDIOS E. GRANADA
Title or Position OFFICER IN CHARGE
Date CITY CIVIL REGISTRAR MANILA

AUG 4 1996

12309
39065
081496

08098-C2-999R12-05411-BI001

BEST POSSIBLE IMAGE

T0890809899905411030420220O1

BReN
03901-A96Q238-0

Documentary
Stamp Tax Paid

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

0P400116408