



(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 <u>Leyte</u>		Registry No. <u>96-1321</u>	
City/Municipality <u>Hilongos</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>MARK ANTHONY MANATAD BARBADILLO</u>		For OCRG USE ONLY: Population Reference No. <u>3719-A96N803-0</u> TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9601321</u> 48 <u>1</u> 49 <u>1</u> 50 <u>080706</u> 56 <u>27192</u> 61 <u>1</u> 62 <u>7</u> 64 <u>3711</u> 68 <u>1</u> 69 <u>1</u> 70 <u>07</u> 72 <u>07</u> 74 <u>00</u> 76 <u>220</u> 79 <u>37</u> 81 <u>27172</u> 86 <u>1</u> 87 <u>3040</u> 88 <u>954</u> 91 <u>27</u> 93 <u>22/47</u> 94 <u>Jul. 29, 1996</u>
	2. SEX <u>X</u> 1 Male <u> </u> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) <u>8</u> <u>July</u> <u>1996</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Hilongos District Hosp.</u> <u>Hilongos</u> <u>Leyte</u>		
MOTHER	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		
	b. IF MULTIPLE BIRTH, CHILD WAS <u>n/a</u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify <u> </u>		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Seventh</u> (first, second, third, etc.)		
	d. WEIGHT AT BIRTH <u>3.771</u> grams		
FATHER	6. MAIDEN NAME (First) (Middle) (Last) <u>AVELINA RABE MANATAD</u>		
	7. CITIZENSHIP <u>Filipine</u>		
	8. RELIGION <u>R.C.</u>		
	9a. Total number of children born alive: <u>7</u>		
9b. No. of children still living including this birth: <u>7</u>		9c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>37</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Liberty</u> <u>Hilongos</u> <u>Leyte</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>EFREN CAMIA BARBADILLO</u>		
	14. CITIZENSHIP <u>Filipine</u>		
	15. RELIGION <u>R.C.</u>		
	16. OCCUPATION <u>Carpenter</u>		
17. Age at the time of this birth: <u>37</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>March 11, 1979; Carcar, Cebu</u>			
19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u> </u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify) <u> </u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:35 A.M.</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>Hilongos District Hosp.</u> Name in Print <u>CONRADO P. ABJERA III, M.D.</u> <u>Hilongos, Leyte</u> Title or Position <u>Medical Officer III</u> Date <u>July 8, 1996</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Brgy. Liberty</u> Name in Print <u>AVELINA BARBADILLO</u> <u>Hilongos, Leyte</u> Relationship to the child <u>Mother</u> Date <u>July 8, 1996</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MA. GLADINA P. RABE</u> Title or Position <u>Nurse I</u> Date <u>July 8, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>FRANCIS MA. FULACHE</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>JUL 29 1996</u>	

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority