(Revised Dec. 1, 1960)

CERTIFICATE OF LIVE BIRTH

Registrar Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 7685

Province: Leyte
City or Municipality: Baybay

1. Place of Birth
(a) Province: Leyte
(b) City or Municipality: Baybay
(c) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bo. San Agustin, Baybay, Leyte

2. Usual Residence of Mother (Where does Mother live.)
(a) Province: Leyte
(b) City or Municipality: Baybay
(c) Number and Street Bo. San Agustin, Baybay, Leyte

3. (d) IS PLACE OF BIRTH INSIDE CITY LIMIT? Yes ( ) No (X)

(d) IS RESIDENCE INSIDE CITY? Yes ( ) No (X)

(e) IS RESIDENCE ON A FARM? Yes (X) No ( )

4. NAME (Type or Print) FIRST FELIPE MIDDLE MORERA LAST MATICM

5. SEX Male

5a. THIS BIRTH Single (X) Twin ( ) Triplet ( )

5b. IF TWIN OR TRIPLET, THIS CHILD 1st ( ) 2nd ( ) 3rd ( )

6. DATE OF BIRTH Month Dec. day 2, Year 1964

7. NAME First Marcelino Middle Bagarinao Last Matiom

8. RELIGION Rom. Cath.

8. NATIONALITY Fil.

8a. RACE Brown

9. AGE (At time of this birth) Year 26

10. Birthplace Bo. San Agustin, Baybay, Leyte

11a. Usual Occupation Farmer

11b. Kind of Business or Industry None

12. NAME First Gloderfa Middle Dayon Last Morera

RELIGION Rom. Cath.

13. NATIONALITY Fil.

13a. RACE brown

14. AGE (At this time of birth) Year 22

15. Birthplace Magsaysay Ave. St. Baybay

16. Previous Deliveries of Mother (Do not include this birth) 3

a. How many children are now living? 4

b. How many other children were born alive but are now dead? None

c. How many fetal deaths (fetuses born dead any time after conception) None

17a. INFORMANT'S SIGNATURE: Olimpia Bagarinao

b. Name in Print: OLIMPIA BAGARINAO

c. Address: Bo. San Agustin, Baybay, Leyte

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Bo. San Agustin, Baybay, Leyte

ATTENDANT AT BIRTH

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 12:00 o'clock Mid. .M. on the date above indicated.

a. SIGNATURE:
b. NAME IN PRINT: Rosela Montajes
c. ADDRESS: Bo. San Agustin, Baybay, Leyte

d. DATE SIGNED BY ATTENDANT AT BIRTH:

e. TITLE OF ATTENDANT AT BIRTH:
( ) M.D.
( ) Nurse
(X) Midwife Pilot
(X) Others (Specify)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE: Eufrocina A. Geraldo
b. NAME IN PRINT: EUFROCINA A. GERALDO
c. TITLE OR POSITION: Registrar, Clerk
d. DATE: 12/7/64

21a. GIVEN NAME NOTED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22a. Length of Pregnancy: Completed Weeks

22b. Weight at Birth: lbs. Oz.

23. LEGITIMATE: (X) Yes ( ) No

23. DATE AND PLACE OF MARRIAGE OF PARENTS: Month: Nov. Date: Year: 1952 City or Municipality: Carida Province: Baybay

25. THIS CERTIFICATE IS SIGNED BY:
SIGNATURE: Conciliacion P. Alvarado
NAME IN PRINT: CONCILIACION P. ALVARADO
TITLE OR POSITION: Clerk

0570

03989-F6-402RHH-00061-BI005

BEST POSSIBLE IMAGE

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BReN
[03708-A64Y202-2]

Documentary
Stamp Tax Paid

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

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: Leyte
City/Municipality: Baybay City
Registry No.: 2007 - 2052

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 | 48 | 49 | 50 | 56 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 76 | 79 | 81 | 86 | 87 | 88 | 91

CHILD

1. NAME — (First) MILFE — (Middle) ALAO — (Last) MATIOM

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): 21 August 2007

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Western Leyte Provincial Hospital Baybay Leyte

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.): Fifth

d. WEIGHT AT BIRTH: 2,840 grams

MOTHER

6. MAIDEN NAME — (First) MIRA — (Middle) ETIS — (Last) ALAO

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 05

b. No. of children still living including this birth: 05

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

10. OCCUPATION: Housekeepor

11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Marcos Baybay City Leyte

FATHER

13. NAME — (First) FELIPE — (Middle) MORERA — (Last) MATIOM

14. CITIZENSHIP: Filipino

15. RELIGION: Roman Catholic

16. OCCUPATION: Gov't Employee

17. Age at the time of this birth: 43 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 4, 1987- Baybay , Leyte

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 3:51p.m. o'clock am/pm on the date stated above.

Signature
Name in Print: REGINA C. FULVADORA, MD
Title or Position: Med. Officer III
Address: WLPH, Baybay City, Leyte
Date: August 21, 2007

20. INFORMANT
Signature
Name in Print: FELIPE M. MATIOM
Relationship to the child: Father
Address: Bgy. Marcos, Baybay City, Leyte
Date: August 21, 2007

21. PREPARED BY
Signature
Name in Print: CORAZON H. KANGLEON
Title or Position: Nursing Attendant

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print: TERESITA MUÑEZ-NAPOLES
Title or Position: ASST. CIVIL REG. OFFICER
Date: MAR 30 2007

CERTIFIED XEROX COPY.
TERESITA LAO QUINANOLA
HUMAN RESOURCE MGT. OFFICER