PHILIPPINE STATISTICS AUTHORITY PSA

Municipal Form No. 102
(Revised 1988)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

LOCAL CIVIL REGISTRAR CITY OF DAVAO RECEIVED DATE

PROVINCE DAVAO DEL SUR

LOCAL CIVIL REGISTRY NO. 90-23,765

CITY/MUNICIPALITY DAVAO CITY

1. NAME (First) RUPHA GIN (Middle) TUBATO (Last) FERNANDEZ

2. SEX (Place 'X' on appropriate answer) __1 Male X 2 Female

3. DATE OF BIRTH (Day) 30th (Month) October (Year) 1990

4. PLACE OF BIRTH (Name of Hospital/Institution. If not in hospital, give street/barangay) DAVAO MEDICAL CENTER (City/Municipality) DAVAO CITY (Province) DAVAO DEL SUR

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) __1 Single __2 Twin __3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS __1 First __2 Second __3 Third, 4th, etc.

Mother
6. MAIDEN NAME (First) PACITA (Middle) B. (Last) TUBATO
7. NATIONALITY FILIPINO
8. RELIGION CATHOLIC

Father
9. NAME (First) ROGELIO (Middle) A. (Last) FERNANDEZ
10. NATIONALITY FILIPINO
11. RELIGION CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgement at the back)
JUNE 29 1987 SAN PEDRO DAVAO CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:44 o'clock a.m./p.m. on the date stated above

Signature [signature]
Name in print MA.ANTONETTE DELIGERO M.D.
Title or position Resident Physician
Address DAVAO MEDICAL CENTER DAVAO CITY
Date 11-2-90

14. INFORMANT
Signature [signature]
Name in print ROGELIO A.FERNANDEZ
Relationship to child father
Address TALOMO PROPER DAVAO CITY
Date Nov.2,1990

15a. PREPARED BY
Signature [signature]
Name in print TERESITA T.GIL
Title or position DMC-employee
Date Nov.2,1990

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [signature]
Name in print ATTY.CARMELO T.TEMPESAW
Title or position CITY GOVT.ASST.DEPT.HEAD 1
Date NOV 08 1990

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED 5060

(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)

PROVINCE DAVAO DEL SUR

CITY/MUNICIPALITY DAVAO CITY

Local Civil Registry No. Registration Status

Child
17 Weight at Birth (In grams) 3039
18 Birth Order of Child Ex. first, second, etc. 2nd

Mother
19a Total Number of Children Born Alive 2
b How many children are now living including this birth? 2
c How many children were born alive but are now dead? 0
20 Usual Occupation housekeeper
21. Age at the time of this Birth 30
22. Usual Residence (Barangay) TALOMO PROPER (City/Municipality) DAVAO CITY (Province) DAVAO DEL SUR

Father
23. Usual Occupation ICE DEALER
24. Age at the time of this Birth 29

25. Attendant at Birth (Place 'X' on appropriate answer) x 1 Physician __2 Nurse __3 Midwife __4 Hilot __5 Others

Sex Date of Birth Place of Birth Mother's Nationality Father's Nationality

NAME OF CHILD
First M.I. Last

RESERVE FOR BINDING

07200-D1-700MDS-00096-BI001
BEST POSSIBLE IMAGE
T700072007000009609182019001

BReN
02402-A90VW0W-4

Documentary
Stamp Tax Paid

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