(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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 15a.)

Province LEYTE
City/Municipality ORMOC
Registry No. 95-1568

CHILD

1. NAME (First) APRIL JAE (Middle) CANTERO (Last) GABRIEL
2. SEX ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) 18 (month) April (year) 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) ORMOC DISTRICT HOSPITAL (City/Municipality) Ormoc (Province) 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) 3rd (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,200 grams

MOTHER

6. MAIDEN NAME (First) ELEUTERIA (Middle) CACANOG (Last) CANTERO
7. CITIZENSHIP Fil.
8. RELIGION R. Catholic
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION housewife
11. Age at the time of this birth: 29 years
12. RESIDENCE (House No., Street, Barangay) Margen (City/Municipality) Ormoc (Province) Leyte

FATHER

13. NAME (First) JOVENCIO (Middle) PADRA (Last) GABRIEL
14. CITIZENSHIP Fil.
15. RELIGION R. Catholic
16. OCCUPATION farmer
17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
11 July 1987, Ormoc City

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 7:08 A.M. o'clock am/pm on the date stated above.

Signature [signature]
Name in Print MA. ESPERANZA S. ABIDO, M.D.
Title or Position Medical Officer III
Address Ormoc District Hospital, Ormoc City
Date April 24, 1995

20. INFORMANT
Signature JOVENCIO GABRIEL
Name in Print JOVENCIO GABRIEL
Relationship to the child father
Address Margen, Ormoc City
Date April 24, 1995

21. PREPARED BY
Signature [signature]
Name in Print ELIZABETH L. ROBLE
Title or Position Records Officer II
Date April 24, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print ARCHILLES A. SILVA
Title or Position City Civil Registrar
Date April 24, 1995

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

Field	Code
41	9 5 0 1 5 6 8
48	1
49	2
50	1 8 0 4 9 5
56	3 9 3 8 2
61	1
62	0 3
64	3 2 0 0
68	1
69	1
70	0 3
72	0 3
74	0 6
76	2 2 0
79	2 9
81	3 9 3 8 2
86	1
87	1
89	6 1 9
91	3 1
93	1
94	1

2640

05672-22-402WAB-00680-BI001

BEST POSSIBLE IMAGE

T402056724020068007132015001

QJ000056541

BReN
[03738-A95HJ06-9]

Documentary Stamp Tax Paid

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