(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 19a.)

Province: Leyte
City/Municipality: Tacloban
Registry No.: 94 - 1432

REMARKS/ANNOTATION

CHILD

1. NAME (First): IRISH (Middle): VERZOSA (Last): FLORES
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 30 October 1994
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Divine Word University Hospital Tacloban City, Leyte

5a. TYPE OF BIRTH: ___ 1 Single X 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: X 1 First ___ 2 Second ___ 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): SECOND
d. WEIGHT AT BIRTH: 1,800 grams

MOTHER

6. MAIDEN NAME (First): HELENE (Middle): SUDARIO (Last): VERZOSA
7. CITIZENSHIP: Filipino
8. RELIGION: R. Catholic
9a. Total number of children born alive: Two
b. No. of children still living including this birth: Two
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Housewife
11. Age at the time of this birth: 34 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Brgy. Colawen Pastrana, Leyte

FATHER

13. NAME (First): EDWIN (Middle): NOVIO (Last): FLORES
14. CITIZENSHIP: Filipino
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.)
June 27, 1992 - Dagami, 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 9:39 PM. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: EF G. MERIN, M.D.
Title or Position: Attending Physician
Address: DWU-Hospital Tacloban City, Leyte
Date: 11/1/94

20. INFORMANT
Signature: [signature]
Name in Print: EDWIN N. FLORES
Relationship to the child: FATHER
Address: BRGY. COLAWEN PASTRANA, Leyte
Date: OCTOBER 31, 1994

21. PREPARED BY
Signature: [signature]
Name in Print: LEONIZA C. LOMBRES
Title or Position: Medical Records Clerk
Date: October 31, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: MISS MARY H. BORJA
Title or Position: CIVIL REGISTRATION OFFICER V TACLOBAN CITY
Date: NOV 1 1 1994

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

Item	Entry
41	0 1 0 1 7 9 2
48	1
49	2
50	3 0 1 0 9 4
56	3 7 4 7 3
61	1
62	0 2
64	1 8 0 0
68	1
69	1
70	0 0
72	0 2
74	1 0
76	7 2 0
79	3 0
81	3 7 4 1 6
86	1
87	1
88	0 1 9
91	3 1
93	1
94	1

062792
37316
111194

1410

08145-7D-402RTS-00091-BI001

BEST POSSIBLE IMAGE

T402081454020009104202022001
NP700221042

BReN
[03747-A94VW0A-9]

Documentary Stamp Tax Paid

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