

(To be accomplished in Triplicate)

Municipal Form No. 102
(Revised 1983)

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

PROVINCE <u>San Juan Leyte</u>			LOCAL CIVIL REGISTRY NO. <u>89-784</u>		
CITY/MUNICIPALITY <u>Sogod</u>					
1. NAME (First) <u>ALLEN</u> (Middle) <u>PALECIO</u> (Last) <u>ENAYA</u>					
2. SEX (Place 'X' on appropriate answer) ☒ Male ☐ Female		DATE OF BIRTH (Day) <u>28</u> (Month) <u>July</u> (Year) <u>1989</u>			
4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) <u>Sogod District Hospital</u>		(City/Municipality) <u>Sogod</u> (Province) <u>So. Leyte</u>			
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) ☒ 1 Single ☐ 2 Twin ☐ 3 Three or more		5b. IF MULTIPLE BIRTH, CHILD WAS ☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.			
6. MAIDEN NAME (First) <u>ANGELITA</u> (Middle) <u>PALECIO</u> (Last) <u>ENAYA</u>		7. NATIONALITY <u>Phil.</u>		8. RELIGION <u>R.C.</u>	
9. NAME (First) <u>ALLEN</u> (Middle) <u>PALECIO</u> (Last) <u>ENAYA</u>		10. NATIONALITY <u>Phil.</u>		11. RELIGION <u>R.C.</u>	
12. DATE AND PLACE OF MARRIAGE OF PARENTS Date <u>June 20, 1988</u> Place <u>San Juan Parish Church</u> (Important: If not applicable, fill Affidavit of Acknowledgment at the back)					
13. CERTIFICATE OF ATTENDANT OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:20</u> o'clock a.m./p.m. on the date stated above. Signature <u>[Signature]</u> Address <u>Sogod District Hospital</u> Name in print <u>Dr. R. R. R. R.</u> Title or position <u>Resident Physician</u> Date <u>July 28, 1989</u>					
14. INFORMANT Signature <u>Angelita P. Enaya</u> Address <u>San Francisco So. Leyte</u> Name in print <u>ANGELITA P. ENAYA</u> Relationship to child <u>Other</u> Date <u>July 23, 1989</u>					
15a. PREPARED BY Signature <u>[Signature]</u> Name in print <u>Dr. R. R. R. R.</u> Title or position <u>Res. Midwife</u> Date <u>July 28, 1989</u>			b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>[Signature]</u> Name in print <u>Dr. R. R. R. R.</u> Title or position <u>Local Civil Registrar, M.P.D.C.</u> Date <u>July 28, 1989</u>		
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT <u>[Blank]</u>			b. DATE WHEN INFORMATION WAS SUPPLIED <u>July 28, 1989</u>		

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

