NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102
(Revised 1983)

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

(To be accomplished in triplicate)

PROVINCE: ILOILO
CITY/MUNICIPALITY: ILOILO CITY
LOCAL CIVIL REGISTRY NO. 91-10761

1. NAME: (First) JUSTINE BENNETTE (Middle) HUBO (Last) MILLADO

2. SEX (Place "X" on appropriate answer): ____ 1 Male X 2 Female

DATE OF BIRTH: (Day) 21 (Month) October (Year) 1991

4. PLACE OF BIRTH (Name of hospital/institution; if not hospital, give street/barangay): Iloilo Doctors' Hospital, Inc. (City/Municipality) Iloilo City (Province)

5a. TYPE OF BIRTH (Place "X" on appropriate answer): X 1 Single ____ 2 Twin ____ 3 Triplet or more

5b. IF MULTIPLE BIRTH, CHILD WAS: ____ 1 First ____ 2 Second ____ 3 Third, 4th, etc.

Mother
6. MAIDEN NAME: (First) Ruth (Middle) P. (Last) Hubo
7. NATIONALITY: Filipino
8. RELIGION: R.C.

Father
9. NAME: (First) Ric (Middle) R. (Last) Millado
10. NATIONALITY: Filipino
11. RELIGION: R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgement at the back)
Date: December 30, 1985 Place: Baretac Nuevo, Iloilo

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:27 o'clock am/pm on the date stated above.
Signature: [signature] Address: C/o Iloilo Doctors' Hospital, Inc.
Name in print: PEDRO MANZALA, M.D. Iloilo City
Title or Position: Attending Physician Date: October 21, 1991

14. INFORMANT
Signature: [signature] Address: San Rafael, Mandurriao
Name in print: RIC R. MILLADO Iloilo City
Relationship to child: Father Date: October 21, 1991

15a. PREPARED BY
Signature: [signature]
Name in print: MISS MYRNA S. SUMIDO
Title or Position: Med. Rec. Sect. Clerk
Date: October 21, 1991

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [signature]
Name in print: MRS. ROSITA J. VENCER
Title or Position: Civil Registry Officer
Date: 10/31/91

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED 2260

(Fill out items 17 to 25 in the spaces/boxes provided for)

91 10761

PROVINCE: (copy the above) ILOILO
CITY/MUNICIPALITY: ILOILO CITY

Child
17. Weight at Birth (in grams): 3062 (1-4)
18. Birth Order of Child Ex. first, second, etc.: 3rd (5-6)
19a. Total Number of Children Born Alive: 3 (7-8)
b. How many children are now living including this birth? 3 (9-10)
c. How many children were born alive but are now dead? X (11-12)

Mother
20. Occupation: Clerk (13-15)
21. Age at the time of this Birth: 32 (16-17)
22. Usual Residence: (Barangay) San Rafael, (City/Municipality) Mandurriao, (Province) Iloilo City (18-22)

Father
23. Usual Occupation: UP Visayas Police (23-25)
24. Age at the time of this Birth: 31 (26-27)

25. Attendant at Birth (Place "X" on appropriate answer): X 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot ____ 5 Others (28)

| Sex | Date of Birth | Place of Birth | Mother's Nationality | Father's Nationality | Child's Status |
|---|---|---|---|---|---|
| 29 | 30 35 | 36 40 | 41 | 42 | 43 |

NAME

| First | M.I. | Last | Local Civil Registry Number |
|---|---|---|---|
| 44 54 | 55 | 56 67 | 68 74 |

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BEST POSSIBLE IMAGE

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