(To be accomplished in triplicate)

Municipal Form No. 102
(Revised 1983)

NATIONAL STATISTICS OFFICE NSO

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

PROVINCE Leyte — LOCAL CIVIL REGISTRY NO. 93-339

CITY/MUNICIPALITY Isabel

1. NAME (First) Isabelle (Middle) Jadraque (Last) Amora

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female (X)

3. DATE OF BIRTH (Day) 16 (Month) May (Year) 1993

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) Mahayag (City/Municipality) Isabel (Province) Leyte

5a. TYPE OF BIRTH, (Place 'X' on appropriate answer) 1 Single (X) 2 Twin 3 Three or more

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

FATHER / MOTHER

	(First)	(Middle)	(Last)		
6. MAIDEN NAME (Mother)	Nelia	Fundino	Jadraque	7. NATIONALITY Filipino	8. RELIGION Catholic
9. NAME (Father)	Teopilo	Balladares	Amora	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)
(Date) October 5 1985 (PLACE) Pantukan, Davao del Sur

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:30 o'clock a.m./p.m. on the date stated above
Signature [signature] Address Mother - Isabel Leyte
Name in print ARMIDA C. CAPUNEN Date 1/18/93
Title or position Rural Health Midwife

14. INFORMANT
Signature [signature] Address Mahayag, Isabel Leyte
Name in print Teopilo B. Amora Date 1/18/93
Relationship to child Father

15a. PREPARED BY
Signature [signature] Name in print ARMIDA C. CAPUNEN Title or position Rural Health Midwife Date 1/18/93

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [signature] 1120
Name in print LUZ E. CONCILIADO
Title or position Mun. Plan. & Dev. Coor./LCR
Date 1-19-93

16c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT d. DATE WHEN INFORMATION WAS SUPPLIED

(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)

Local Civil Registry 93403399 (8) — Registration Status 1 (15)

PROVINCE Leyte
CITY / MUNICIPALITY Isabel

RESERVE FOR BINDING

Child
17. Weight of Birth (In grams) 5 lbs. 2 oz. 2268 (16)
18. Birth Order of Child Ex. first, second, etc. 05 (20)

Mother
19a. Total Number of Children Born Alive 05 (22)
b. How many children are now living including this birth? 05 (24)
c. How many children were born alive but are now dead? 00 (28)
20. Usual Occupation Housekeeper (26)
21. Age at the time of this Birth 33 (31)
22. Usual Residence Barangay Mahayag (City/Municipality) Isabel (Province) Leyte (33)

Father
23. Usual Occupation Operator (39)
24. Age at the time of this Birth 35 (41)
25. Attendant of Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife (X) 4 Hilot 5 Others (43)

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
F (44)	05 16 1993 (45)	37224 (51)	1 (56)	1 (57)

NAME OF CHILD

First	M.I.	Last
ISABELLE MAE	J	AMORA

(60) (70) (71)

03778-9A-402NBT-00341-BI020

BEST POSSIBLE IMAGE

T4020377840200341050620100 20

BG200359539

BReN
03722-A93KG01-9

Documentary
Stamp Tax Paid

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