	"Ca							Arthur	1 age 1	9
11111	Municipal Form No	. 102		DEPUBLIC OF	THE BUT IND	IAIEE		1223 Miles		
	(Revised 1983)			CERTIFICAT	THE PHILIPP	RTH A			olished in Triplicate	e)
THEN				eletely, accurat	tely and legibly	in in or t	, ewriter)		Bolling De	
mi	PROVINCE	cep			100	CAL CIV	II Proje	TRY NO. 91	-1647	
	CITY MUNICIPA	ALITY	jaluay.			THE CITY	IL NEGIS	1H7 NO	7:17	-
_	1. NAME		(First)		(Middle)			(Last)		_
			Maure, V	~	VIII	ar			1/er	
	2. SEX (Place 'X	(' on ap	propriate answer)	**************************************	DATE OF BI	DTH	(Day)	(Month)		
	1 Male		2 Female		1	""	DXT	& colina	(Year) L. 91	
	Name and Address of the Owner, when the Owner, which t	The state of the s	The state of the s	hospital	1C:huth	10			11	_
	BIRTH gi	ive stree	hospital/institution; if not in t/barangay) Jan / U			Municipal	ity)		ov ince)	
			Junito		Tale	Lay		Ch		
			e 'X' an appropriate answer		56. IF MULTIF	PLEBIRT	TH, CHILL	WAS		-
	1 5 ingle .		2 Twin 3 Three or mo	re	I First .	25.		2		
	6. MAIDEN	(First)		(Last)	7. NATIONA		conq	8. RELIGION	n, etc.	-
	NAME E	vai	A. VIII	ar	4:	1		R'c		
		(First)			19			Marine Committee		
	1 0	- L	princiale)		10. NATIONA	LITY		11. RELIGION		
		merca	in & 70	1/00	Fr,	/.		e.c		
	IL. DATE AND PL	ACEO	F MARRIAGE OF PARENT	'S (imp	ortant: if not ap	opticable,	fill Affida	wit of Acknowled	gment at the back	-
		3/18/	19		Place de	yte				
	13. CERTIFICATE	OF AT	TENDANT AT BIRTH			7.17)	8			
		/ I	at I attended the birth of th	e child who we	is born alive aid	To clock	(an) pm on	the date stated a	above.	
	Signature	/ /	rima p. Fal	1	Address _	apr	Elas X	Jalvay	, este	
	Name in print		Robert F. Fron				,0			
	Title or positi	ion	171		Date	2001	29/9/			
	14. INFORMANT		14 1			1	_	A Charles Services	Α	
	Signature		titillia .		Address	100-	the ,	Jourson,	erm	
	Name in print	l	the father			111111	1 .			
	Relationship t	to child.	mojec.		Date	9	129/91		2880	I
	15a.PREPARED BY	,	TO THE PERSON NAMED IN COLUMN	b.	RECEIVED A	T THE O	FEICE OF	THE LOCAL OF	VIL REGISTRAR	
	Signature	1.7	foring.	<u> </u>	Signature		Trice of	THE LOCAL CI	VIL REGISTRAR	
	Name in print		Warry by	arious)	Name in pr		di	centra	1/	
	Title or positi	ion _	1 9/20/41		Title or po	Sych Shares	AUR	EAC CABA	LERU	
	Date	V CUVE			Date 9-			STRATONOR		
168. INFORMATION GIVEN IN SUPPLEMENTAL REPORT B. DATE WHEN INFORMATION WAS SUPPLIES										
THE RESIDENCE OF THE PARTY OF T										
	mportant: Informant should also provide information for items 17 to 25. The code boxes are to be filled									
	Collective Office of the Local Civil Registrar)									
	190						Local Civi	Registry	egistration Status	
	1000	A PH	CUNCE Con	43 44 4 4 4		-	1101	647	\square	
	1	1/6	MUNICIPALITY /	aiway		8			15	
	18 To	1397	. Weight of Birth) in [47	70051	18. Birl	th Order o	f Child		
	MOAY,	-5	(In grams) 3	16	12/1/		first, seco		5 05	
	Z .	119	a. Total Number of		low many childr	00000		10 //	20	
	2		Children Born	n n	ow living includ		01	dere born a		
		b -	Alive 2	2 ti	his birth?	<u> 1</u>	24	are now dea		
	œ	Mother	. Usual Occupation	74	700		at the tin	ne	विवि	
	0		. Usual Residence B	/ (26		this Birth	37	311	
	4111111111111		7	arangay	(City/Munic		(1	Province)	5 (47) 5	
	111	ē 23	. Usual Occupation	- ~	-	Mes	-	Offy 3	31-131-1/	
	> <u>m</u>	Father 53	81	dust	300		at the tim	3.6	36	
	Œ W		. Attendant of Birth (Place	'X' on approp	riate anguer)		125		41	
	S.			2 Nurse	3 Midwife	4	Hilot _	5.00	3	
•	ď			1111		A Lemma	Mothe	5 Others	. 43	
			Sex Date of Bir	217	Place of Birt	th	Nation			
			44 45		5472	17	4			
				NA NA	ME OF CHILD		56	57		
			First MI (1) (1) (1)	711	M.1.		La	st /		
			MAURIM	VOX	Jy. F1	166	ER			
					76 71			44.255.55		

07089-71-402POG-00746-BI001

BEST POSSIBLE IMAGE

T402070894620074605302019001

BReN 02250-A91TR01-4

Documentary Stamp Tax Paid COSM

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General

Philippine Statistics Authority