(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: Cavite
Registry No. 95-4171
City/Municipality: Bacoor

CHILD

1. NAME (First) Maria Precilla (Middle) Pabe (Last) Balo
2. SEX: ___ 1 Male x 2 Female
3. DATE OF BIRTH (day) (month) (year): 14 Dec. 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province): St. Dominic Medical Center Bacoor Cavite
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify ___
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): third
d. WEIGHT AT BIRTH: 5.72 lbs. grams

MOTHER

6. MAIDEN NAME (First) Gilna (Middle) Cotacte (Last) Pabe
7. CITIZENSHIP: Filipino
8. RELIGION: Catholic
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Housekeeper
11. Age at the time of this birth: 30 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Brgy Ilaya Niog — Bacoor — Cavite

FATHER

13. NAME (First) Proceso (Middle) Salar (Last) Balo
14. CITIZENSHIP: Filipino
15. RELIGION: Catholic
16. OCCUPATION: Company Family Driver
17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): June 14, 1990 ——— Maslug Baybay Leyte

19a. ATTENDANT: ___ 1 Physician ___ 2 Nurse ___ 3 Midwife X 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 11:14 AM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: MA. ARLENE DUMLAO, M.D.
Title or Position: OB-GYNE
Address: St. Dominic Medical Center Bacoor Cavite
Date: DEC. 16, 1995

20. INFORMANT
Signature: Gilna P. Balo
Name in Print: GILNA P. BALO
Relationship to the child: MOTHER
Address: Brgy Ilaya Niog Bacoor Cavite
Date: DEC. 16, 1995

21. PREPARED BY
Signature: [signature]
Name in Print: MARITES O. SOMBRANO
Title or Position: RECORD CUSTODIAN
Date: DEC. 16, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: MERCEDES N. [illegible]
Title or Position: [illegible] CIVIL REG[illegible]
Date: 12-28-95

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2103-A95ZE01-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 48 49 50 56 61 62 64 68 69 70 72 74 76 79 81 86 87 88 91 93 94

2260

061490
37085
122995

06340-2H-402PTB-00327-BI001

BEST POSSIBLE IMAGE

T402063404020032705112017001
CL0004625 13

BReN
02103-A95ZE01-0

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