Municipal Form No. 102
(Revised 1988)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE _____ LOCAL CIVIL REGISTRY NO. 93-001702

CITY/MUNICIPALITY MANILA

1. NAME — (First) JENNIFER (Middle) GENDRANO (Last) TINAJA

2. SEX (Place 'X' on appropriate answer) ___1 Male X 2 Female

3. DATE OF BIRTH (Day) 28 (Month) JAN. (Year) 1993

4. PLACE OF BIRTH (Name of Hospital/Institution: if not in/ hospital, give street/barangay) DR. JOSE FABELLA MEMORIAL HOSPITAL (City/Municipality) MANILA (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single ___2 Twin ___3 Three or more.

b. IF MULTIPLE BIRTH, CHILD WAS ___1 First ___2 Second ___3 Third, 4th, etc.

Mother	6. MAIDEN NAME (First)	(Middle)	(Last)	7. NATIONALITY	8. RELIGION
	Venus	A.	Gendrano	Fil.	Cath.
Father	9. NAME (First)	(Middle)	(Last)	10. NATIONALITY	11. RELIGION
	Cristetuto	M.	Tinaja	Fil.	Cath.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back). JAN. 21, 1979 — MANDALUYONG M.M.A.

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 3:25 o'clock a.m./p.m. on the date stated above.

Signature [signature] Name in print DR. VIADO Title or position PHYSICIAN
Address DR. JOSE FABELLA MEMORIAL HOSPITAL MANILA Date JAN. 28, 1993

14. INFORMANT
Signature [signature] Name in print VENUS G. TINAJA Relationship to child MOTHER
Address 79 M.Cruz St., Mandaluyong M.Mla. Date JAN. 28, 1993

15a. PREPARED BY
Signature [signature] Name in print L.D.BELOSTRINO Title or position CLERK Date JAN. 28, 1993

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [signature] Name in print [illegible] Title or position [illegible] Date FEB 11 1993 2350

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. 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)

RESERVE FOR BINDING

PROVINCE _____ CITY/MUNICIPALITY MANILA

Registration Local Civil Registry No. 93001702 (8) Status 1 (15)

Child

17. Weight at Birth (in grams) 2300 [2300] (16)

18. Birth Order of Child (first, second, etc.) fifth [05] (20)

Mother

19a. Total Number of Children Born Alive 5 [05] (22)

b. How many children are now living including this birth? 4 [04] (24)

c. How many children were born alive but are now dead? 1 [01] (26)

20. Usual Occupation Factory worker [949] (28)

21. Age at the time of this Birth 36 [36] (31)

22. Usual Residence (Barangay) 79 (City/Municipality) M.Cruz St., Mandaluyong (Province) M.Mla. [74013] (33)

Father

23. Usual Occupation Welder [872] (38)

24. Age at the time of this Birth 40 [40] (41)

25. Attendant at Birth (Place 'X' on appropriate answer) X 1 Physician ___2 Nurse ___3 Midwife ___4 Hilot ___5 Others [1] (43)

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
[2] (44)	[JAN 01 1993] (45)	[290017] (51)	[1] (56)	[1] (57)

NAME OF CHILD

First	M.I.	Last
JENNIFER (58)	G (70)	TINAJA (71)

"IPAKITA SA MUNDO, UMAASENSO NA TAYO".

07677-92-402MAR-00340-BI076

BEST POSSIBLE IMAGE

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MO100148461

BReN
03905-A93BU3U-4

Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority