1 Male X 2 Female 18 Feb  4. PLACE OF (Name of Hospital/Clinic/Institution/ HUSEN No. Street, Barangay) ORMOC FATERNITY & CHILDREN'S HOSPITAL  5a. TYPE OF BIRTH X 1 Single 2 Twin 1 First 2 Sec 3 Triplet, etc.  C. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)  6. MAIDEN (First) (Middle) (Las NAME MA. AURORA FERESITA: ROLDAN WARG 7. CITIZENSHIP 8. RELIGION R. C.  9a. Total number of children born alive: 3 hos of children still living including this birth: 3 are now de  10. OCCUPATION Researher/ VISCA  12. RESIDENCE (House No., Street, Barangay) (City/Municipality)	ADA ADA Anonth) (year)  Tuary 199  (Province)  LEYTE  WAS and  H rams  1997  56  Ten  12 2 2 2 7
Republic of the Philippines  CERTIFICATE OF LIVE BIRTH  (Fill out completely, accurately and legibly. Use into or typowriter, Place X before the appropriate answer in Items 2. 5a, 5b and 19a.)  Province	ADA  Anonth) (year)  TUARY 199  (Province)  TEYTE  WAS  and  H  Trams  199  199  100  148  H  Trams  199  199  100  100  100  100  100  10
(Fill out completely, accurately and legibly. Use int or prewriter. Place X before the appropriate answer in Irems 2, 5a, 5b and 19a.)  Province LEYTE Registry No City/Municipality ORMOC  1. NAME (First) (Middle) (La SARAH AURCRA WARQUE TAB 2, SEX 3, DATE OF BIRTH (day) (La La Participality) (Middle) (La La Participality) (Middle) (La La Participality) (Middle) (La La Participality) (Middle) (City/Municipality) (Middle) (City/Municipality) (Middle) (City/Municipality) (Middle) (Middle) (Middle) (Middle) (La La Middle) (Middle) (Middle) (La Middle) (Middle) (La Middle) (Middle) (La Middle) (Middle) (La Middle) (Middle) (Middle) (La Middle) (Middle) (Mid	ADA  Anonth) (year)  TUARY 199  (Province)  TEYTE  WAS  and  H  Trams  199  199  100  148  H  Trams  199  199  100  100  100  100  100  10
Province LIEYTE Registry No City/Municipality ORMOC  1. NAME (First) (Middle) (La SARAH AURORA WARQUE TAB  2. SEX 3. DATE OF BIRTH (day) (MIDDLE TABET	ADA  Anonth) (year)  TUARY 199  (Province)  TEYTE  WAS  and  H  Trams  199  199  100  148  H  Trams  199  199  100  100  100  100  100  10
1. NAME  SARAH AUTCRA  SARAH AUTCRA  2. SEX  3. DATE OF BIRTH  (day)  1. Male  1. Mane  1. Ma	ADA  Anonth) (year)  TUARY 199  (Province)  TEYTE  WAS  and  H  Trams  199  199  100  148  H  Trams  199  199  100  100  100  100  100  10
1. NAME  SARAH AUTCRA  SARAH AUTCRA  2. SEX  1. Male  1. Mane  1.	ADA  Anonth) (year)  TUARY 199  (Province)  TEYTE  WAS  and  H  Trams  199  199  100  148  H  Trams  199  199  100  100  100  100  100  10
SARAH AURCRA  2. SEX  1 Male  2. SEX  3. DATE OF BIRTH (day) (e.g., and the second of this birth of	ADA  Population Reference No.  Privary 199  TO BE FILED UP AT THE OFFICE OF THE CIVIL  REGISTRAR  41  WAS  INC.  48  H  ITALIAN  WAS  INC.  49  56  INC.  TEMPLE  WAS  INC.  TEMPLE  TEMPLE  TEMPLE  TEMPLE  TEMPLE  TO D 7  TEMPLE  TEMPLE  TEMPLE  TEMPLE  TO D 7  TEMPLE  TEMPL
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	TUARY 199 TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41
4. PLACE OF (Neume of Hospital/Clinic/Institution/ BIRTH TERRITY & CHILDREN'S  HOSPITAL  D. Sa. TYPE OF BIRTH  1 Single  2 Twin  3 Triplot, etc.  3 Triplot, etc.  C. BIRTH ORDER (live births and fetal deaths including this delivery)  (first, second, third, etc.)  6. MAIDEN  NAME  MA. AURORA TERRITTA: ROLDAN  WARG  7. CITIZENSHIP  MA. AURORA TERRITTA: ROLDAN  MA. OF C. Single including this birth:  B. RELIGION  Fil.  D. No. of children still born alive in a now de children born alive:  3 Triplot, etc.  10. OCCUPATION  Researher/ VISCA  11. Age at the of this birth  12. RESIDENCE (House No., Street, Barangay)  APT. 5 Visca  Baybay  13. NAME  (First)  MINSTON  METBREBE  TABAI  14. CITIZENSHIP  PROFESSOR/ Visca  15. RELIGION  PROFESSOR/ Visca  16. OCCUPATION  Researcher/ VISCA  17. Age at the of this birth  18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accordance) and the component of this birth  19a. ATTENDANT  Y I Physician  4 Hilot (Traditional Midwife)  5 Others (Specify  19a. ATTENDANT  Y I Physician  4 Hilot (Traditional Midwife)  5 Others (Specify  10. ORMOC CITY  D. N. MINISTON  11. Age at the of this birth  12. RESIDENCE (House No., Street, Barangay)  13. NAME  14. CITIZENSHIP  15. RELIGION  17. Age at the of this birth  18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accordance) and the component of this birth  19a. ATTENDANT  Y I Physician  4 Hilot (Traditional Midwife)  5 Others (Specify  5 Others (Specify  15. ORTOC CITY  16. ORTOC CITY  16. ORTOC CITY  17. Age at the of this birth  18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accordance) and the component of this birth  19a. ATTENDANT  Y I Physician  4 Hilot (Traditional Midwife)  5 Others (Specify  19a. ATTENDANT  19b. ATTENDANT  19b. ATTENDANT  19b. ATTENDANT  19b. ORTOC CITY  19b. ATT	(Province)  REGISTRAR  41  WAS and  48  H  rams  9  49  56
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R Researher/ VISCA of this birth  12. RESIDENCE (House No., Street, Barangay) . (City/Municipality)  APT. 5 Visca Baybay I  13. NAME (First) (Middle) (Last)  VINSTON METRIEBE TABAI  14. CITIZENSHIP 15. RELIGION UCCP  16. OCCUPATION 17. Age at the of this birth  PROFESSOR/ Visca 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accordance and accordance an	time 61
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19a. ATTENDANT	ity 76 79
4 Hilot (Traditional Midwife) 5 Others (Specify	3 Midwife
105 CERTIFICATION OF RIPTH	3 MILLWISE
I hereby certify that I attended the birth of the child who was born alive at 8:40	pm o'clock
am/pm on the date stated above.	The state of the s
Signature Chituganus Address ORFIOC MATE	
Name in Print ALICIA R. TUGONON, M.D. CHILDREN'S HO	SPITAL 86 87 248
DateDate	
20. INFORMANT Tabel  Signature Address APT. 5, Visc	D. D
Name in Print MA. AWRORA T.W. TABADA Leyte	a, Baybay 88
Relationship to the child MOTHER Date 02/20/95	a, baybay 88 // / / / / / / / / / / / / / / / /
21. PREPARED BY 22. RECEIVED AT THE	a, sayoay ss si
THE CIVIL REGI	OFFICE OF 93 11854
Name in Print AMELITA R. ARTIGAS, R.Mame in Print ARCHILLA	OFFICE OF 93 11854
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