(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: Southern Leyte
City/Municipality: Hinunangan
Registry No. 97- 728

REMARKS/ANNOTATION

CHILD

1. NAME (First): MARK ANTHONY (Middle): TABUNAN (Last): CINCO
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 8 December 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province): Sto. Nino I,Hinunangan, So. Leyte
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.): First
d. WEIGHT AT BIRTH: 7 lbs. grams

MOTHER

6. MAIDEN NAME (First): ARLYN (Middle): USARES (Last): TABUNAN
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 01
b. No. of children still living including this birth: 01
c. No. of children born alive but are now dead: 00
10. OCCUPATION: Housekeeper
11. Age at the time of this birth: 25 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Sto. Nino I, Hinunangan, Southern Leyte

FATHER

13. NAME (First): ANTONIO (Middle): CAMAHALAN (Last): CINCO
14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic
16. OCCUPATION: Farmer
17. Age at the time of this birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): Oct. 19, 1996- Hinunangan, So. Leyte

19a. ATTENDANT: ___ 1 Physician ___ 2 Nurse X 3 Midwife ___ 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 10:15 o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: FELICIANO D.TABUDLONG
Title or Position: Midwife
Address: Sto. Nino I, Hinunangan, So. Leyte
Date: Dec. 8, 1997

20. INFORMANT
Signature: [signature]
Name in Print: FELICIANA D. TABUDLONG
Relationship to the child: Midwife
Address: Sto. Nino I, Hinunangan, So. Leyte
Date: Dec. 15, 1997

21. PREPARED BY
Signature: [signature]
Name in Print: NICANORA T. ODILAO
Title or Position: Mun. Civil Registrar
Date: Dec. 15, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NICA NORA T. ODILAO
Title or Position: Mun. Civil Registrar
Date: Dec. 15, 1997

For OCRG USE ONLY: Population Reference No. 6403-A97Y801-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

Item	Code
41	9700722
48	1
49	1
50	081297
56	64030
61	1
62	01
64	3175
68	1
69	1
70	01
72	01
74	00
76	220
79	25
81	64030
86	1
87	1
88	619
91	33
93	1
94	3

10-19-96
64030 0940
12-15-97

08083-9C-402ALL-00487-BI006
BEST POSSIBLE IMAGE

T402080834920048702172022006
KP300515759

BReN
06403-A97Y801-2

Documentary Stamp Tax Paid

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

(Copy for OCRG)

NATIONAL STATISTICS OFFICE NSO

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Registry No. 97- 728

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41: 9 7 0 0 7 2 8
48: 1
49: 1 | 50: 0 8 1 2 9 7
56: 6 4 0 3 0
61: 1
62: 0 1 | 64: 3 1 7 5
66: 1 | 69: 1
70: 0 1 | 72: 0 1 | 74: 0 0
76: 2 2 0 | 79: 2 5
81: 6 4 0 3 0
86: 1 | 87: 1
88: 6 1 9 | 91: 3 3
93: 1 | 10-19-96 | 6403 0940
94: 3 | 12-15-97

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Date: Dec. 15, 1997

03517-5A-402MBF-00263-BI005

BEST POSSIBLE IMAGE

T4020351740200263081820090O5

KF300427126

BReN
06403-A97Y801-2

Documentary Stamp Tax Paid

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

VISAYAS STATE UNIVERSITY
VISCA, BAYBAY CITY, LEYTE
OFFICE OF THE UNIVERSITY REGISTRAR
CERTIFIED TRUE COPY OF THE ORIGINAL

EUSEBIO D. OLLERAS
REGISTRAR II