



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 LAGUNA

LOCAL CIVIL REGISTRY NO. 90-1693

CITY/MUNICIPALITY LOS BAÑOS

1. NAME (First) (Middle) (Last)
EUGENE VAL DELA CRUZ MANGAOANG

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)
X 1 Male 2 Female 14 DECEMBER 1990

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
LOS BAÑOS DOCTOR'S HOSPITAL INC. LOS BAÑOS LAGUNA

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS
X 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
YOLANDA BERGONIA DELA CRUZ FILIPINO CATHOLIC

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
EDUARDO OLIVAS MANGAOANG FILIPINO CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).
MAY 2 1987 DAYAO CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:01 o'clock a.m./p.m. on the date stated above.

Signature Marilyn Miravite Garcia M.D. Address MAHARLIKA VILLAGE MAHAAS
Name in print MARILYN MIRAVITE GARCIA M.D. LOS BAÑOS LAGUNA
Title or position OB-GYNE Date DECEMBER 14, 1990

14. INFORMANT
Signature Eduardo O. Mangaoang Address MT. BANAHAW ST., UMALI SUBD.
Name in print EDUARDO O. MANGAOANG LOS BAÑOS LAGUNA
Relationship to child FATHER Date 12/14/90

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature Eden O. Deriquito Signature [Signature]
Name in print EDEN O. DERIQUITO Name in print [Name]
Title or position VOLUNTEER-NURSE Title or position [Title]
Date 12/14/90 Date 12-14-90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED
12/14/90 12/14/90

(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)

PROVINCE LAGUNA

CITY/MUNICIPALITY LOS BAÑOS

Local Civil Registry No. 90-1693

Registration

Status

1

RESERVE FOR BINDING

Child	17. Weight at Birth (in grams)	<u>3033</u>	18. Birth Order of Child (first, second, etc.)	<u>2</u>
	19a. Total Number of Children Born Alive	<u>2</u>	b. How many children are now living including this birth?	<u>2</u>
	20. Usual Occupation	<u>RESEARCHER</u>	c. How many children were born alive but are now dead?	<u>0</u>
	21. Age at the time of this Birth	<u>31</u>		
	22. Usual Residence (Barangay) (City/Municipality) (Province)	<u>MT. BANAHAW ST., UMALI SUBD., LOS BAÑOS</u> <u>LAGUNA</u>		
Mother	23. Usual Occupation	<u>INSTRUCTOR</u>	24. Age at the time of this Birth	<u>33</u>
	25. Attendant at Birth (Place 'X' on appropriate answer)	<u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer <u>5</u> Others		

Sex 1 Date of Birth 14/12/90 Place of Birth LAGUNA Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD
First EUGENE VAL M.I. C Last MANGAOANG

"PAKITA SA MUNDO, UMAASENSO NA TAYO".

04183-6A-088LTR-00318-BI001

BEST POSSIBLE IMAGE



T088041830880031806152011001
CH300674844

BReN

03411-A90YE01-9

Documentary
Stamp Tax Paid

Carmelita N. ERICTA

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