



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.)

REMARKS/ANNOTATION

Province Leyte Registry No. 2m-3028
City/Municipality Tacloban City

1. NAME Tacloban City (First) (Middle) (Last)

2. SEX PAMELA DOMINIQUE **3. DATE OF BIRTH** RESTOR (day) PADOLINA (month) (year) 16 April 2000
 1 Male 2 Female

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) Bethany Hospital, Tacloban City, Leyte
House No., Street, Barangay)

5a. TYPE OF BIRTH 1 Single 2 Twin **5b. IF MULTIPLE BIRTH, CHILD WAS**
 1 Single 2 Twin 1 First 2 Second
 3 Triplet, etc. 3 Others. Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **d. WEIGHT AT BIRTH** _____ grams

For OCRG USE ONLY:
Population Reference No. 3747-900HG01-3

6. MAIDEN NAME (First) (Middle) (Last) Second S. LOO

7. CITIZENSHIP VICTORIA JESSICA CANBDA **8. RELIGION** RESTOR

9a. Total number of children born alive: 2 **9b. No. of children still living including this birth:** 2 **9c. No. of children born alive but are now dead:** 0

10. OCCUPATION Gov't. Employee **11. Age at the time of this birth:** _____ years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 51

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2UD3028

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49 50 2 116012100

13. NAME Mansabanes, Tacloban City, Leyte (First) (Middle) (Last)

14. CITIZENSHIP DENNIS CABALQUERO **15. RELIGION** PADOLINA

16. OCCUPATION Gov't. Employee **17. Age at the time of this birth:** _____ years

56 374793

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62 64 DA 34UD

68 69

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT July 12, 1997-Tacloban City
 1 Physician 2 Nurse 3 Midwife
 4 Midwife (Traditional Midwife) 5 Others (Specify) _____

70 72 74 DA DA UD

76 78 220 21

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above. 11:30 A M

Signature Loreta Yu Rama Address Bethany Hospital
Name in Print LORETA YU RAMA, MD.
Title or Position Attending Physician Date Tacloban City April 17, 2000

81 374793

86 87 1970

20. INFORMANT
Signature Dennis C. Padolina Address _____
Name in Print DENNIS C. PADOLINA
Relationship to the child Father Date _____

88 91 26

21. PREPARED BY
Signature Maria Belen C. Ocopio
Name in Print MARIA BELEN C. OCOPIO
Title or Position CLERK
Date April 17, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Aida C. Nuevo
Name in Print ASST. REG. OFFICER
Title or Position CIVIL REGISTRAR'S OFFICE
Date APR 20 2000