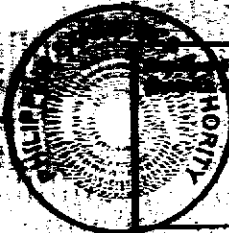


(Copy for OCRG)



Form No. 102
January 1999

(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 CEBU Registry No. 76-4488

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
JOAN ACERO MANAC

2. SEX 1. Male 2. Female

3. DATE OF BIRTH (day) (month) (year)
20 FEBRUARY 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (Five births and fetal deaths including this delivery) FIRST (First, second, third, etc.)

d. WEIGHT AT BIRTH 3,000 grams

6. MAIDEN NAME (First) (Middle) (Last)
CHRISTINE BATAO ACERO

7. CITIZENSHIP FILIPINO B. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: ONE b. No. of children still living including this birth: ONE c. No. of children born alive but are now dead: NONE

10. OCCUPATION FOOD ATTENDANT 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
30 B V BATAO ST CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
ARMENTO ERRIMO MANAC

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SECURITY GUARD 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
SEPTEMBER 30, 1995 CEBU CITY, CEBU

19a. ATTENDANT XX 1 Physician 2 Nurse 3 Midwife 4 4 Midwife (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 10:18 A.M. o'clock am/pm on the date stated above.

Signature _____ Address c/o Chong Hua Hospital
Name in Print LEOPOLD V. LORENZANA, M.D. Tuente Orosa, Cebu City
Title or Position Attending Physician Date February 23, 1996

20. INFORMANT
Signature _____ Address 30 B V. Batao St., Cebu
Name in Print CHRISTINE A. MANAC
Relationship to Child MOTHER Date February 23, 1996

21. PREPARED BY
Signature _____
Name in Print MA. MARILYN M. DEAS
Title or Position Chief Record Section
Date February 23, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print MA. A. MANAC
Title or Position CLERK III
Date FEB 23 1996

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9604987

42 1

43 2 300290

44 2 2178

45 1

46 1 1

47 07 07 40

48 779 25

49 82 78

50 3710

51 389 29

52 092001
28178
822796

06297-D1-400JBH-01468-EI001
BEST POSSIBLE IMAGE

BRN
09217-493D1-03-5

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, PhD