

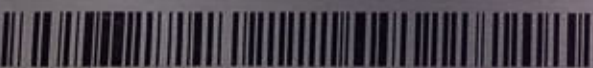


(Copy for OCRG)

Form No. 102 January 1993 (To be accomplished in quadruplicate)		REMARKS/ANNOTATION 1340		
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 15a.)				
Province <u>Palawan</u> City/Municipality <u>Marikina</u>		Registry No. <u>98-141</u>		
CHILD D	1. NAME (First) (Middle) (Last) <u>Blasco</u> <u>Zaldamara</u>		For OCRG USE ONLY: Population Reference No. <u>1232-A98P601-4</u>	
	2. SEX 1 Male <input type="checkbox"/> 2 Female <input checked="" type="checkbox"/>			
	3. DATE OF BIRTH (day) (month) (year) <u>6</u> <u>July</u> <u>1998</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>98 00 14</u> 48 <u>1</u> 49 50 <u>2</u> <u>06 07 98</u> 56 <u>1 2 3 2 8</u> 61 <u>1</u> 62 64 <u>0 1 3 2 7 5</u> 68 69 <u>1</u> <u>1</u> 70 72 74 <u>0 1</u> <u>0 1</u> <u>0 0</u> 76 78 <u>2 2 0</u> <u>2 2</u> 81 <u>1 2 3 2 8</u> 86 87 <u>9</u> <u>9</u> 88 89 <u>2 9 9</u> <u>9 9</u> 93 <u>2</u> 94 <u>3</u> <u>7/6/98</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>San Juan</u> <u>Marikina</u> <u>Palawan</u>			
	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/> b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
c. BIRTH ORDER (Live births and fetal deaths including this delivery) (First, second, third, etc.) <u>First</u>		d. WEIGHT AT BIRTH <u>3275</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Basco</u> <u>Rosario</u> <u>Zaldamara</u>		65 <u>1 2 3 2 8</u>	
	7. CITIZENSHIP <u>Pilipino</u>			66 <u>1</u>
	8. RELIGION <u>Roman Catholic</u>			
	9a. Total number of children born alive: <u>4</u> b. No. of children still living including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u>			
	10. OCCUPATION <u>None</u>			
11. Age at the time of this birth: <u>22</u> years				
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>San Juan</u> <u>Marikina</u> <u>Palawan</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>Alfonso</u> <u>Basco</u> <u>Basco</u>		68 <u>1</u>	
	14. CITIZENSHIP <u>None</u>			69 <u>1</u>
	15. RELIGION <u>None</u>			
	16. OCCUPATION <u>None</u>			
	17. Age at the time of this birth: <u>None</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment, Admission of Paternity at the back.) <u>Illegitimate</u>				
19a. ATTENDANT 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Midwife (Traditional/M.D.A.) <input type="checkbox"/> 5. Others (Specify) <input type="checkbox"/>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>San Juan</u> on the date stated above.				
Signature <u>[Signature]</u> Address <u>San Juan</u>		Name in Print <u>TERESA M. MONTANO</u> Date <u>July 6, 1998</u>		
Title or Position <u>None</u>		20. INFORMANT Signature <u>[Signature]</u> Address <u>San Juan, Marikina</u>		
Name in Print <u>TERESA M. MONTANO</u>		Name in Print <u>TERESA M. MONTANO</u>		
Relationship to the child <u>Grandmother</u>		Date <u>7-6-98</u>		
21. PREPARED BY Signature <u>[Signature]</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u>		
Name in Print <u>TERESA M. MONTANO</u>		Name in Print <u>TERESA M. MONTANO</u>		
Title or Position <u>None</u>		Title or Position <u>Local Civil Registrar</u>		
Date <u>7-6-98</u>		Date <u>7-6-98</u>		

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