



(Copy for DCRG)

Municipal Form No. 102 (To be accomplished in quadruplicate)
Revised January 1993)

REMARKS/ANNOTATION

Republic of the Philippines
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.)

00650

Province Q158 Registry No. 016-244
City/Municipality ALABRIA

1. NAME (First) (Middle) (Last)
NESTOR BERDANGAN PAULIN

2. SEX 1 Male X Female 3. DATE OF BIRTH (Day) (month) (year)
20 MAY 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
ST JOSEPH CLINIC, POBLACION, ALABRIA, CEBU

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 (Give births and fetal deaths including this delivery) (List, second, third, etc.) SECOND
d. WEIGHT AT BIRTH 3500 grams

6. MAIDEN NAME (First) (Middle) (Last)
EVELYN LAZARIL BERDANGAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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

10. OCCUPATION NONE 11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SANGI, ALABRIA, CEBU

13. NAME (First) (Middle) (Last)
FRANCISCO APOSTOL PAULIN

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION POLICE 17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
APRIL 25, 1992
ST JOSEPH PARISH CHURCH, MAIBEDJOG, ALABRIA, CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 2:10 o'clock PM on the date stated above.

Signature DR. SHALIMAR F. DEL SOCORRO Address ST. JOSEPH CLINIC
Name in Print DR. SHALIMAR F. DEL SOCORRO POBLACION, ALABRIA, CEBU
Title or Position PHYSICIAN Date MAY 20, 1996

20. INFORMANT Signature FRANCISCO A. PAULIN Address SANGI, MAIBEDJOG, ALABRIA
Name in Print FRANCISCO A. PAULIN CEBU
Relationship to the child FATHER Date MAY 20, 1996

21. PREPARED BY Signature ALFREDA P. REDAL
Name in Print ALFREDA P. REDAL
Title or Position STAFF NURSE MUNICIPAL CIVIL REGISTRAR
Date MAY 20, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ALFREDA P. REDAL
Name in Print ALFREDA P. REDAL
Title or Position MUNICIPAL CIVIL REGISTRAR
Date 10 June 1996

270-10660-3
9600299
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2200576
27028
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022500
11
670200
22097
22038
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71987
11

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BEST POSSIBLE IMAGE



BReN
02203-A96KL01-4

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Carmelita N
Administradora and Civil
National Statistics Office