

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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.)

Province _____ Registry No. 417311
City/Municipality MANILA

1. NAME (First) (Middle) (Last)
ERDIE ANN SADA QUINTAL

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
1 MARCH 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) DR. JOSE PABELLA MEM. HOSP.
Lape de Vega, Sta. Cruz, Mia.

5a. TYPE OF BIRTH 1 Single 2 Twin
X 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)
SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH
3000 grams

6. MAIDEN NAME (First) (Middle) (Last)
EVELYN SADA

7. CITIZENSHIP FIPIPHINO
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: 0

10. OCCUPATION HOUSEWIFE
11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1223 AREA 1 SANATA MAYPAJO GADOCAN CITY

13. NAME (First) (Middle) (Last)
SILVESTRE QUINTAL JR.

14. CITIZENSHIP FIPIPHINO
15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FACTORY WORKER
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.)
AUGUST 29, 1992 - STO. CRISTO VIRAC CATANDUANES

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Hilot (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 6:50 AM o'clock
am/pm on the date stated above.

Signature [Signature] DR. JOSE PABELLA MEM. HOSP.
Name in Print DR. IMEDA CRUZ Lape de Vega, Sta. Cruz, Mia.
Title or Position ISS. PRCS. Date MARCH 1, 1996

20. INFORMANT
Signature [Signature] Address 1223 Area 1 Sanata
Name in Print EVELYN SADA Maypa Jo Gadocan City
Relationship to the child mother Date March 2, 1996

21. PREPARED BY
Signature [Signature]
Name in Print NECAYTO
Title or Position CLERK
Date MARCH 2, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ATTY. LUCENA G DACIAN
Title or Position CLERK
Date MARCH 2, 1996

For OCRG USE ONLY:
Population Reference No. _____TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR41. 762368848. 149. 2 50. 01039655. 3905761. 162. 02 64. 360063. 1 69. 170. 02 72. 02 74. 0076. 220 79. 2481. 7601086. 1 87. 1 037088. 949 91. 2393. 1 08299294. 1 2011

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[Signature]
SARDELITA M. ECETA

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