



Municipal Form No. 102
(Revised 1988)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriting)

89-37109

PROVINCE _____ LOCAL CIVIL REGISTRY NO. _____

CITY/MUNICIPALITY MANILA

1. NAME (First) ROBIN (Middle) ROBREDILLO (Last) DEMORTE

2. SEX (Place 'X' on appropriate answer)
 1 Male 2 Female

3. DATE OF BIRTH (Day) 29 (Month) MAY (Year) 1989

4. PLACE OF (Name of Hospital/Institution; if not in/ hospital, give street/barangay) (City/Municipality) (Province)
DR. JOSE FABRILLA MEMORIAL HOSPITAL MANILA

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
 1 Single 2 Twin 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last)
ERLINDA P. ROBREDILLO

7. NATIONALITY FIL. 8. RELIGION CATH.

9. NAME (First) (Middle) (Last)
LEOPOLDO A. DEMORTE

10. NATIONALITY FIL. 11. RELIGION CATH.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).
September 17, 1988 Manila

13. CERTIFICATE OF ATTENDANT AT BIRTH 2:30
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock a.m./p.m. on the date stated above.
Signature _____ Address DR. JOSE FABRILLA MEMORIAL HOSPITAL MANILA
Name in print C. LASAM Date May 29, 1989
Title or position Physician

14. INFORMANT
Signature Erinda P. Demorte Address 30-A TANZELE ST., BO. MANREZA, Q.C.
Name in print ERLINDA ROBREDILLO DEMORTE Date May 29, 1989
Relationship to child mother

15a. PREPARED BY
Signature _____
Name in print aydanda/avce
Title or position Clerk Date May 29, 1989

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____
Name in print MARCO D. PERES
Title or position LOCAL CIVIL REGISTRAR Date 0100

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT _____ b. DATE WHEN INFORMATION WAS SUPPLIED _____

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

JUN 23 1989

RESERVE FOR BINDING

PROVINCE _____ LOCAL CIVIL REGISTRY NO. 8937109 Registration Status 15

CITY/MUNICIPALITY MANILA

17. Weight at Birth (in grams) 3005 18. Birth Order of Child (first, second, etc.) 37

19a. Total Number of Children Born Alive 4 19b. How many children are now living including this birth? 4 19c. How many children were born alive but are now dead? 0

20. Usual Occupation housewife 21. Age at the time of this Birth 30

22. Usual Residence (Barangay) (City/Municipality) (Province)
30-A TANZELE ST., BO. MANREZA, Q.C.

23. Usual Occupation laborer 24. Age at the time of this Birth 38

25. Attendant at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others 7/43

Sex Male Female Date of Birth _____ Place of Birth _____ Mother's Nationality _____ Father's Nationality _____

NAME OF CHILD _____

First _____ M.I. _____ Last _____

"PAKITA SA MUNDO, UMAASENSO NA TAYO".

05534-H5-400CCP-00929-BI001

BEST POSSIBLE IMAGE

BReN
03905-A89JV1G-3

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.