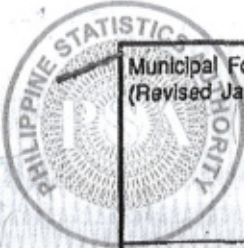


(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

Province CEBU Registry No. 95-516
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ARIANNE DINGAL LUDONG

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
4 JANUARY 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
CEBU PUB. CENTER & MAT. HOUSE, INC. CEBU CITY CEBU

5a. TYPE OF BIRTH 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) THIRD (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,614 grams

6. MAIDEN NAME (First) (Middle) (Last)
JULIET JUNIO DINGAL

7. CITIZENSHIP FILIPINO 8. RELIGION BAPTIST

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
TALISAY DAANBANTAYAN CEBU

13. NAME (First) (Middle) (Last)
ARIS MANTOS LUDONG

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SSAKAN 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JANUARY 25, 1989 Iligan City

19a. ATTENDANT 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 7:46 P.M. o'clock am/pm on the date stated above.

Signature _____ Address CEBU PUB. CENTER & MAT. HOUSE, INC., CEBU CITY
Name in Print RHCZORA OUANO, M.D. Date JANUARY 4, 1995
Title or Position PHYSICIAN

20. INFORMANT Signature Juliet Ludong Address TALISAY, DAANBANTAYAN Cebu
Name in Print JULIET LUDONG Date JANUARY 4, 1995
Relationship to the child MOTHER

21. PREPARED BY Signature _____ Title or Position CLERK Date JANUARY 4, 1995
Name in Print NEMESIO P. JAMOC
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Title or Position _____ Date _____

FOR OCRG USE ONLY: Population Reference No. _____
9500516
2040195
22178
03 22614
03 03 00
220 78
22210
0811 20
01258
2504
020