



(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 CEBU City/Municipality CEBU CITY Registry No. 47-29289

1. NAME (First) (Middle) (Last) NATASHIA LA MAICAN CABATO

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 7 NOVEMBER 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) CEBU CITY MEDICAL CENTER 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 (live births and fetal deaths including this delivery) 3RD (first, second, third, etc.) d. WEIGHT AT BIRTH 3550 grams

6. MAIDEN NAME (First) (Middle) (Last) ANGELIE ENJAMBRE CABATO

7. CITIZENSHIP FILIPINO 8. RELIGION R.O.

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) 82 D SITIO KALINAO BA. LUZ CEBU CITY CEBU

13. NAME (First) (Middle) (Last) UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) N.A.

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 9:54 o'clock am/pm on the date stated above.

Signature: ANGIE ARRABUEN Address: N. BACALSO AVENUE CEBU CITY Name in Print: ANGIE ARRABUEN Title or Position: M.D. Date: NOVEMBER 8, 1997

20. INFORMANT Signature: ANGELIE CABATO Address: 82 D SITIO KALINAO BA. LUZ Name in Print: ANGELIE CABATO Relationship to the child: MOTHER Date: NOVEMBER 8, 1997

21. PREPARED BY Signature: ETHEL T. BAGUIO Name in Print: ETHEL T. BAGUIO Title or Position: BSN RN Date: NOVEMBER 8, 1997 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: ZWELYN A. ABADILLO Name in Print: ZWELYN A. ABADILLO Title or Position: CLERK Date: DEC 01 1997

Table with columns for age (41-94) and population reference numbers. Includes handwritten entries like 9729288, 271197, 22178, 033550, 030300, 29028, 22178, 4111, 4111.