



Copy to (Date)

Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate)

Form No. 108
 January 1985

Place of complete, accurate and lawful live birth in accordance with the applicable laws, rules and regulations.

Province: Cebu City/Municipality: MANDAUE CITY Registry No. 97-445

1. NAME: REXEL (First) ERAYOLA (Last) OCAT

2. SEX: 1 Male 2 Female

3. DATE OF BIRTH: 03 (day) 08 (month) 97 (year)

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Village/ House No., Street, Barangay) Mandaue City 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 (five births and total deaths including this delivery): 3 4 0

6. MAIDEN NAME: Sabrina (First) Barbana (Last)

7. CITIZENSHIP: Phil.

8. RELIGION: R. Cath.

9a. Total number of children born alive: 4 b. No. of children living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION: H.K.

11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay): 3888 (City/Municipality) Mandaue City (Province) Cebu

13. NAME: Fernando (First) Ooby (Last)

14. CITIZENSHIP: Phil.

15. RELIGION: R. Cath.

16. OCCUPATION: Ind.

17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back): January 10, 1987 - V. Saiguh, Zamboanga del Sur

19a. ATTENDANT: Physician Midwife Nurse Others (Specify)

19b. CERTIFICATION OF BIRTH: (I hereby certify that I attended the birth of the child who was born alive at 11:30 AM o'clock on the date stated above.)

Signature: Florence Salunod
 Name in Print: Florence Salunod
 Title or Position: Midwife

20. INFORMANT: Signature: [Signature]
 Name in Print: BOBBY OBY
 Relationship to the registrant: brother

21. PREPARED BY: Signature: [Signature]
 Name in Print: REYES T. ROSAL
 Title or Position: REGISTRAR
 Date: NOV. 3, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature]
 Name in Print: CARMELITA N. ERICATA
 Title or Position: REGISTRAR
 Date: NOV. 3, 1997

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 23107 V308-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2704313

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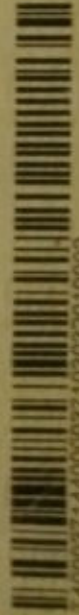
RECEIVED ORIGINAL

NAME: [Signature]

DATE: 11-7-97

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BEST POSSIBLE IMAGE



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BReN

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Documentary Stamp Tax Paid

Carmelita N. Ericata

CARMELITA N. ERICATA

Administrator and Civil Registrar General
National Statistics Office

