



Municipal Form No. 102
(Revised 1983)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in Triplicate)

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

LATE REGISTRATION
92-2555

PROVINCE NEGROS OCCIDENTAL LOCAL CIVIL REGISTRY NO. 92-2555
CITY/MUNICIPALITY SICALANTE

1. NAME (First) DINAH (Middle) MANILUK (Last) BICALA

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female DATE OF BIRTH (Day) (Month) (Year)
20 April 1965

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
Cagay, Buenavista, Sicalante, Negros Occidental

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more 5.b IF MULTIPLE BIRTH CHILD WAS
 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN (First) (Middle) (Last) NAME ESTELA MANILUK 7. NATIONALITY FIL. 8. RELIGION R.C.

9. NAME (First) (Middle) (Last) FELIPE BICALA 10. NATIONALITY FIL. 11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgement at the back)
July 27, 1961 Sicalante, Negros Occidental

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6 o'clock am/pm on the date stated above.
Signature _____ Address _____
Name in print _____ Relationship to child _____ Date _____

14. INFORMANT
Signature Estela Bicala Address Cagay, Buenavista, Sicalante
Name in print ESTELA B. BICALA Negros Occidental
Relationship to child Mother Date 9-15-92

15a. PREPARED BY [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____ Name in print _____
Name in print REDA P. SANDY JONAS S. MARIANO JR.
Title or position Local Civil Registrar Asst. Local Civil Registrar
Date 9-15-92 Date 9-15-92

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 of the Office of the Local Civil Registrar)

PROVINCE Negros Occidental Local Civil Registry No. 92021111 Registration Status 2
CITY/MUNICIPALITY Sicalante 8 15

REVERSE FOR BINDING

Child	17. Weight at Birth (In grams) <u>2700</u> 16	18. Birth Order of Child Ex. first, second, etc., <u>1st</u> 20
	19a. Total Number of Children Born Alive <u>01</u> 22	How many children are now living including this birth? <u>1st</u> 24
Mother	20. Usual Occupation <u>Housekeeper</u> 28	c. How many children were both alive, but are now dead? <u>00</u> 26
	21. Age at the time of this Birth <u>21</u> 31	
Father	22. Usual Residence (Barangay) <u>Cagay, Buenavista</u> (City/Municipality) (Province) <u>Sicalante Negros Occidental</u> 33	
	23. Usual Occupation <u>Driver</u> 38	24. Age at the time of this Birth <u>24</u> 41
25. Attendant at Birth (Place 'X' on appropriate answer) <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Heirol <input type="checkbox"/> 5 Others 43		

Sex 2 Date of Birth 200406 Place of Birth 45076 Mother's Nationality 1 Father's Nationality 1
44 45 51 56 57

NAME OF CHILD
First DINAH M.I. M Last BICALA
58 70 71

05115-EC-420IBJ-00458-BI001

BEST POSSIBLE IMAGE



T420051154200045801022014001

N1200175202

BReN
04509-A65HL02-1
Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office



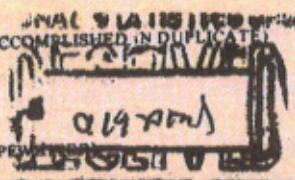


MUNICIPAL FORM NO. 102 - (Revised Dec. 1, 1958)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

(TO BE ACCOMPLISHED IN DUPLICATE)



Province: Cebu
City or Municipality: Bantayan
Register Number: _____
(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 967 CI-R

1. PLACE OF BIRTH (partial to standard) a. Province <u>Cebu</u> b. City or Municipality <u>Bantayan</u> c. NAME OF HOSPITAL OR INSTITUTION (Name in hospital file only) d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. Province <u>Cebu</u> b. City or Municipality <u>Bantayan</u> c. NUMBER AND STREET <u>Ticad</u> d. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME (Type or print) First <u>Ronelo</u> Middle <u>Bayan-on</u> Last <u>Desauton</u>		4. SEX a. Male <input checked="" type="checkbox"/> b. Female <input type="checkbox"/> c. IS TWIN OR TRIPLET? (Indicate to which) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH Month <u>9</u> Day <u>17</u> Year <u>78</u>	
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7. NAME (Type or print) First <u>Armando</u> Middle <u>Desauton</u> Last <u>Desauton</u>		8. AGE (At time of this birth) Years <u>32</u>		10. BIRTHPLACE <u>Ticad</u>	
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9. MAIDEN NAME <u>Armando Alamo Bayan-on</u>		11. USUAL OCCUPATION		12. KIND OF BUSINESS OR INDUSTRY	
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13. AGE (At time of this birth) Years <u>26</u>		14. BIRTHPLACE <u>Ticad</u>		15. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>2</u>	
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17. INFORMANT'S SIGNATURE a. NAME IN PRINT b. ADDRESS		18. SIGNATURE OF ATTENDANT AT BIRTH a. NAME IN PRINT b. ADDRESS		19. SIGNATURE OF REGISTRAR a. NAME IN PRINT b. ADDRESS	
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20. RECEIVED IN THE OFFICE OF THE REGISTRAR a. DATE		21. DATE WHEN QUOTE MARK WAS SUPPLIED		22. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: _____ NAME IN PRINT: <u>WALTER P. SUCILLI</u> TITLE OF POSITION: <u>P.H.M.</u> DATE: <u>9-29-78</u>	
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23. APPROVAL OF REGISTRAR a. DATE		24. DATE AND PLACE OF EXCHANGE OF BIRTH RECORDS Date: <u>June 14, 1977</u> Place: <u>Bantayan, Cebu</u>		25. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: _____ NAME IN PRINT: _____ TITLE OF POSITION: _____ DATE: _____	
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RESERVE FOR BINDING

DO NOT DETACH LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

10-139 (SPACE FOR MEDICAL AND HEALTH TERMS FOR SPECIAL PURPOSES)

CIVIL REGISTRY OFFICE
BANTAYAN CEBU

DATE VERIFIED: _____ (1978)
VERIFIED BY: _____

CERTIFIED PHOTOCOPY FROM ORIGINAL DOCUMENTS

RENE ROSP. SUYKO
MUNICIPAL CIVIL REGISTRAR



09265-CB-400JAW-01347-BI001
BEST POSSIBLE IMAGE
T002092654000134705142025001

CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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 Registry No. 2004-2034
City/Municipality BANTAYAN

1. NAME (First) NHEL DIANE (Middle) ESCALA (Last) DESUCATAN

2. SEX X 1 Male 2 Female

3. DATE OF BIRTH 15 November 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CPHO-BANTAYAN DISTRICT HOSPITAL, Bantayan, Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 1 First 2 Second 3 Others, Specify

6. MAIDEN NAME (First) DIANE (Middle) MAHILUM (Last) ESCALA

7. CITIZENSHIP Filipino 8. RELIGION Baptist

9a. Total number of children born alive: 2 b. No. of children still living including 2 this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION Teacher 11. Age at the time of this birth: 39 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Bantigue, Bantayan, Cebu

13. NAME (First) Renele (Middle) Bayan-an (Last) Desucatan

14. CITIZENSHIP Filipino 15. RELIGION Baptist

16. OCCUPATION Driver 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Sept. 10, 1999 - Bantayan, Cebu

19a. ATTENDANT X 1 Physician X 2 Nurse X 3 Midwife X 4 Hilot (Traditional Midwife) X 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:10 o'clock am/pm on the date stated above.

Signature DANA P. RIVERA, M.D. Address CPHO-BDH
Name in Print MEDICAL OFFICER III Date 11.16.04
Title or Position

20. INFORMANT
Signature Renele B. Desucatan Bantigue, Bantayan, Cebu
Name in Print Father Date 11.16.04
Relationship to the child

21. PREPARED BY
Signature Remedios P. Suyko
Name in Print REMEDIOS P. SUYKO RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Title or Position Municipal Civil Registrar Date NOV 18 2004

For OCBS USE ONLY
Population Reference No. 0042034

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

61 0042034
62 1
63 2 1511204
64 22095
65 1
66 02 1616
67 1 1
68 02 02 00
69 235 39
70 22095
71 1 1
72 985 24
73 1
74 1

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CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

