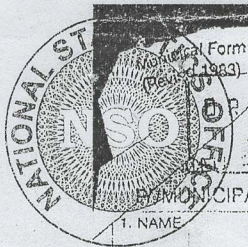


(To be accomplished in Triplicate)



Form No. 102  
1993  
Lanao del Norte  
Municipality: Iligan City

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

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

LOCAL CIVIL REGISTRY NO. 93-0764

1. NAME (First) (Middle) (Last) <b>NIEL NARVASA MORANTE</b>		
2. SEX (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (Day) (Month) (Year) <b>20th January 1993</b>
4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province) <b>Iligan City District Hospital Pala-o, Iligan City Lanao del Norte</b>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Three or more		5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
6. MAIDEN NAME (First) (Middle) (Last) <b>Luciana Espinosa Narvasa</b>	7. NATIONALITY <b>Filipino</b>	8. RELIGION <b>R.C.</b>
9. NAME (First) (Middle) (Last) <b>Rene Calimpon Morante</b>	10. NATIONALITY <b>Filipino</b>	11. RELIGION <b>R.C.</b>
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) Date <b>September 26, 1992</b> Place <b>Iligan City, Lanao del Norte</b>		
13. CERTIFICATE OF ATTENDANT OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>1:33</b> o'clock a.m./p.m. on the date stated above. Signature <i>[Signature]</i> Address <b>Pala-o, Iligan City</b> Name in print <b>Elvira Francisco-Gomez, M.D.</b> Title or position <b>Resident Physician</b> Date <b>January 20, 1993</b>		
14. INFORMANT Signature <i>[Signature]</i> Address <b>Tominobo, Iligan City</b> Name in print <b>Rene C. Morante</b> Relationship to child <b>Father</b> Date <b>January 20, 1993</b>		
15a. PREPARED BY Signature <i>[Signature]</i> Name in print <b>Marydel T. Cadavos</b> Title or position <b>Clerk II</b> Date <b>January 21, 1993</b>		b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <i>[Signature]</i> Name in print <b>DIOSDADO LARGO</b> Title or position <b>CITY CIVIL REGISTRAR</b> Date <b>0520</b>
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT		

(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)

PROVINCE <b>Lanao del Norte</b>	Local Civil Registry	Registration Status
CITY/MUNICIPALITY <b>Iligan City</b>	<b>9300764</b>	<b>1</b>
17. Weight of Birth (in grams) <b>3459 Grams</b>	16	18. Birth Order of Child (Ex. first, second, etc.) <b>First</b>
19a. Total Number of Children Born Alive <b>1</b>	22	b. How many children are now living including this birth? <b>1</b>
20. Usual Occupation <b>Housekeeper</b>	28	c. How many children were born alive but are now dead? <b>0</b>
21. Usual Residence (Barangay) <b>Purok-2, Tominobo</b>	(City/Municipality) <b>Iligan City, Lanao del Norte</b>	(Province) <b>35048</b>
22. Usual Occupation <b>Cook</b>	39	24. Age at the time of this birth <b>28</b>
23. Usual Occupation <b>Cook</b>	39	24. Age at the time of this birth <b>28</b>
25. Attendant of Birth (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer <input type="checkbox"/> 5 Others		
Sex <b>1</b>	Date of Birth <b>200193</b>	Place of Birth <b>35048</b>
44	45	51
Mother's Nationality <b>1</b>	Father's Nationality <b>1</b>	
55	57	
NAME OF CHILD		
First <b>NIEL</b>	M.I.	Last <b>MORANTE</b>
60	70	71

RESERVE FOR BINDING

03336-CG-733NNG-00160-BI001

BEST POSSIBLE IMAGE



T733033367330016002182009001

X E700305245

BReN  
03504-A93AL04-6

Documentary  
Stamp Tax Paid

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