



(Copy for OCR)

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 number in Items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 94-19257
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
SHERLYN NAVALLO PANGAN

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
31 August 1993

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Inayawan Cebu City Cebu

5a. TYPE OF BIRTH 1 Single X 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) (first, second, third, etc.) 1 d. WEIGHT AT BIRTH 375 grams

6. MAIDEN NAME (First) (Middle) (Last)
Divina Arbolida Navallo

7. CITIZENSHIP FD 8. RELIGION RC

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

10. OCCUPATION Homemaker 11. Age at the time of this birth: 58 years

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

13. NAME (First) (Middle) (Last)
Reynaldo Agustin Pangan

14. CITIZENSHIP FD 15. RELIGION RC

16. OCCUPATION Labourer 17. Age at the time of this birth: 53 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Aug 26, 1985 Redemptorist Church, Cebu City

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

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 11:45 o'clock any/pm on the date stated above.)

Signature [Signature] Address Inayawan, Cebu City
Name in Print CONCEPCION S. REASON
Title or Position PHN Date Sept 1/94

20. INFORMANT Signature [Signature] Address Inayawan, Cebu City
Name in Print DIVINA PANGAN
Relationship to the child Mother Date Sept 1/94

21. PREPARED BY Signature [Signature]
Name in Print CONCEPCION S. REASON
Title or Position PHN
Date Sept 1/94

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature]
Name in Print MIRA A. RUIZ
Title or Position CLERK III
Date SEP 07 1994

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