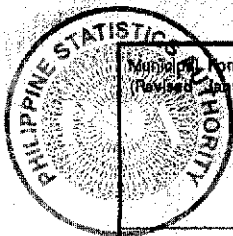


(Copy for OCRG)



Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b>					
Province <u>CEBU</u>		Registry No. <u>96-28185</u>			
City/Municipality <u>CEBU CITY</u>		3110			
CHILD	1. NAME (First) (Middle) (Last) <u>MARIO CABALLES LABISTE JR.</u>		For OCRG USE ONLY: Population Reference No. <u>2217A96WA20-9</u>		
	2. SEX <u>XX</u> 1 Male 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>10 NOVEMBER 1996</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CHONG HUA HOSPITAL CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR: 41 <u>9628185</u>		
	5a. TYPE OF BIRTH <u>XX</u> 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) (first, second, third, etc.) <u>TRIED</u>		d. WEIGHT AT BIRTH <u>3,300</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>ANASTACIA CAJMAT CABALLES</u>		42 <u>1</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
	9a. Total number of children born alive: <u>THREE</u>		b. No. of children still living including this birth: <u>THREE</u>		c. No. of children born alive but are now dead: <u>NONE</u>
	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>31</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>ANDRES ABELLANA EXT. CEBU CITY CEBU</u>		43 <u>1</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>MARIO MORGIA LABISTE</u>		44 <u>1</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>POSTMAN</u>		17. Age at the time of this birth: <u>33</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MARCH 9, 1992; CEBU CITY, CEBU</u>		45 <u>03</u> <u>03</u> <u>00</u>		
	19a. ATTENDANT <u>XX</u> 1 Physician 2 Nurse 3 Midwife 4 Pilot (Traditional Midwife) 5 Others (Specify)		46 <u>22</u> <u>0</u> <u>31</u>		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:34 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Address <u>e/o Chong Hua Hospital</u>		Name in Print <u>ELEANOR H. CASQUEJO, M.D.</u> <u>Fuente Osena, Cebu City</u>		Title or Position <u>Attending Physician</u> Date <u>November 12, 1996</u>	
Signature <u>Anastacia C. Labiste</u> Address <u>Andres Abellana Ext., Cebu City</u>		Name in Print <u>ANASTACIA C. LABISTE</u>		Relationship to the child <u>MOTHER</u> Date <u>November 12, 1996</u>	
Signature <u>[Signature]</u>		Name in Print <u>M.A. MANSUETO M. KLOS</u>		Title or Position <u>Clerk Sec. Section</u>	
Date <u>November 12, 1996</u>		Date <u>November 22, 1996</u>		47 <u>1</u>	
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR			
Signature <u>[Signature]</u>		Signature <u>EVELYN A. ABADILLA</u>			
Name in Print <u>M.A. MANSUETO M. KLOS</u>		Name in Print <u>CLERK</u>			
Title or Position <u>Clerk Sec. Section</u>		Title or Position <u>NOV 22 1996</u>			
Date <u>November 12, 1996</u>		Date <u>NOV 22 1996</u>			
48 <u>1</u>		49 <u>1</u>			
50 <u>1</u>		51 <u>1</u>			
52 <u>03</u> <u>03</u> <u>00</u>		53 <u>1</u>			
54 <u>22</u> <u>0</u> <u>31</u>		55 <u>1</u>			
56 <u>22</u> <u>1</u> <u>78</u>		56 <u>36</u> <u>1</u> <u>33</u>			
57 <u>1</u>		57 <u>1</u>			
58 <u>03</u> <u>03</u> <u>00</u>		58 <u>03</u> <u>09</u> <u>92</u>			
59 <u>1</u>		59 <u>22</u> <u>78</u>			
60 <u>1</u>		60 <u>11</u> <u>22</u> <u>96</u>			

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*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
 Philippine Statistics Authority

