(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

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.)

RECEIVED OCT 26 2007 Date CITY OF DAVAO

REMARKS/ANNOTATION

DELAYED REGISTRATION

REGISTERED PURSUANT TO RULE 20 OF THE ADMINISTRATIVE ORDER NO. 1 SERIES OF 1993

Province: DAVAO DEL SUR
City/Municipality: DAVAO CITY
Registry No. 2007-38377

CHILD

1. NAME (First) CHARITO (Middle) CASENILLAS (Last) AUSTRIA
2. SEX ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) 18 (month) JUNE (year) 1978
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) SOBRECAREY ST., (City/Municipality) DAVAO CITY (Province) DAVAO DEL SUR
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 (live births and fetal deaths including this delivery) 5th (first, second, third, etc.)
d. WEIGHT AT BIRTH 3175 grams

MOTHER

6. MAIDEN NAME (First) BUENAVENTURADA (Middle) POLESTICO (Last) CASENILLAS
7. CITIZENSHIP FILIPINO
8. RELIGION R. CATH.
9a. Total number of children born alive: 5
b. No. of children still living including this birth: 5
c. No. of children born alive but are now dead: 0
10. OCCUPATION HOUSEWIFE
11. Age at the time of this birth: 34 years
12. RESIDENCE (House No., Street, Barangay) SOBRECAREY ST. (City/Municipality) DAVAO CITY (Province) DAVAO DEL SUR

FATHER

13. NAME (First) AGAPITO (Middle) AUXTERO (Last) AUSTRIA
14. CITIZENSHIP FILIPINO
15. RELIGION R. CATH.
16. OCCUPATION OFFICE STAFF
17. Age at the time of this birth: 40 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOVEMBER 15, 1962 - TALIBON, BOHOL

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

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

Signature "DON'T KNOW" Address ___
Name in Print ___
Title or Position ___ Date ___

20. INFORMANT
Signature [signature] Address MAGUIKAY, MANDAUE CITY
Name in Print CHARITO C. AUSTRIA-ORIEN
Relationship to the child APPLICANT Date SEPTEMBER 11, 2007

21. PREPARED BY
Signature [signature]
Name in Print FLAVIANA C. BASILGO
CITY CIVIL REGISTRAR

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print SHIRLEY S. ARENGAIN

03134-41-726JCE-00014-BI001

BEST POSSIBLE IMAGE

BReN
02402-A78MJ0V-6

CARMELITA N. FRICTA