



Form No. 102 (To be completed in quadruplicate) January 1993

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: QUEZON City/Municipality: MARAUIG CITY Registry No.: 91-3716

1. NAME (First) MARY (Middle) TERESA (Last) PERERA

2. SEX: 1 Male X 2 Female 3. DATE OF BIRTH (day) 29 (month) SEPT (year) 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) 1000 MARAUIG CITY (City/Municipality) (Province) QUEZON

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) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH 7130 grams

6. MARDEN NAME (First) ANASTASIA (Middle) TORRESILLAS (Last) PERERA

7. CITIZENSHIP: FILIPINO 8. RELIGION: RC.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION: OFFICE CLERK 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) LOWER CUBACOB MARAUIG CITY (City/Municipality) (Province)

13. NAME (First) VIGORAN (Middle) ORNALATH (Last) RESALA

14. CITIZENSHIP: FILIPINO 15. RELIGION: RC.

16. OCCUPATION: DRIVER 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) REG. MAR. 15, 1997 PASAK MARAUIG CITY

19a. ATTENDANT: 1 Physician 2 Nurse X 3 Midwife (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 4:30 o'clock am/pm on the date stated above.

Signature: [Signature] Address: 1000 MARAUIG CITY Date: SEPT. 29, 1997

20. INFORMANT: Signature: [Signature] Address: LOWER CUBACOB MARAUIG CITY Date: SEPT. 29, 1997

21. PREPARED BY: Signature: [Signature] Address: [Address] Date: SEPT. 29, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: [Date]

Number of BIRTHS/ANNIVERSARIES: 223001 TV04-3 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR: 41: 9703756 48: 1 49-50: 2 290997 56: 22301 61: 1 62-64: 012130 65-69: 1 1 70-72-74: 01 01 00 76-78: 386 26 81: 22301 86-87: 1 1 89-91: 969 23 93: 1 94: 3 RECEIVED ORIGINAL NAME: [Signature] DATE: 10-10-97