E	5	
	(To be accomplished in quadruplicate) c of the Philippines TE OF LIVE BIRTH	(Cdpy for OCRO
(Fill out completely, accu	Drately and legibly. Use ink or typewriter. priate answer in Items 2, 5a, 5b and 19a.)	
Provinçe METRO MA	NILA Registry No.	
City/Municipality QUEZON C	(Middle) (Last)	FOR OCTIOUSE ONLY Population Reference No.
2/SEX	CATARAJA PADUA	Ropulation Reference No.
2/SEX 1 Male 2 Female	3: DATE OF BIRTH (day) (month) (year)  OCTOBER 16 1993	TO BE FILLED UP AT THE
C 4. PLACE OF (Name of Hospital/O H BIRTH House No., Street, E		TO SEFILLED UP AT THE OFFICE OF THE CIVIL SECIETIAN
D 5a. TYPE OF BIRTH  1 Single 2 Twin  3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify	4a
(first, second, the	nis delivery) ird, etc.)	2001
6. MAIDEN (First) NAME SHIEIDA 7. CITIZENSHIP	(Middle) (Last)  BUNGO CATARAJA  8. RELIGION	9 50
M FILIPIN O 9a: Total number of 40 b. No children born livi		
R. 10. OCCUPATION STAFF NUR	_24_ years	in 
12. RESIDENCE (House No., Street, I	BIX. 6 LOT 3 NOVA. Q.C.	62 56
F A (First)	(Middle) (Last) TATARO PADUA	77
T 14. CITIZENSHIP FILIP	INO 15. RELIGION CATHOLIC	
E 16. OCCUPATION	MAN PIDT. CO. 17. Age at the time of this birth: 33 years	70
Acknowledgment/Admission of Pa  MAY 28 1991 ST. JOS  19a. ATTENDANT  X 1 Physician	EPH PARISH CHURCH IN GAGALANGIN N	
am/pm on the date stated above.	5 Others (Specify	s <sup>./#</sup> /4 
Name in PriMA . CRISTINA V. Title or Position PHYSICIA	LEGASPI LAGRO NOVA. Q.C.	9: 87
20. INFORMANT Signature Name in PriATESTOR T. PADUA	Address PAIMERA ROMES B-6 L-3 NOVA Q.C.	
21. PREPARED BY  Signature  Signature	22. RECEIVED AT THE OFFICE OF	es Att
Name in Print Staff Midwife	Name in Print Title or Position	A Company of the Comp
Date October 16 19	93 Date	<b>78</b>

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BEST POSSIBLE IMAGE



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Documentary Stamp Tax Paid Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D.

TOTAL CONTROL OF THE PROPERTY OF THE PROPERTY

National Statistician and Civil Registrar General Philippine Statistics Authority