

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

Republic of the Philippines
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 Lanao del Norte Registry No. 94-2693
City/Municipality Iligan City

1. NAME (First) (Middle) (Last) <u>FAUSTIEN FAEZ. APAO RUGAY</u>	FOR OCRG USE ONLY: Population Reference No. <u>3504-A94HD05-8</u>
2. SEX <u>1</u> Male <u>X</u> 2 Female	
3. DATE OF BIRTH (day) (month) (year) <u>13 April 1994</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>At Home- Prk. 5 Tambo, Iligan City Lanao del Norte</u>	
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	43 <u>9402893</u>
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>fifth</u>	45 <u>1</u>
d. WEIGHT AT BIRTH <u>3317</u> grams	46 <u>1</u>

6. MAIDEN NAME (First) (Middle) (Last) <u>Ophelia Iglupas Apao</u>	47 <u>2130494</u>
7. CITIZENSHIP <u>Filipino</u>	48 <u>35048</u>
8. RELIGION <u>Roman Catholic</u>	49 <u>1</u>
9a. Total number of children born alive: <u>5</u>	50 <u>1</u>
b. No. of children still living including this birth: <u>5</u>	51 <u>1</u>
c. No. of children born alive but are now dead: <u>0</u>	52 <u>053317</u>
10. OCCUPATION <u>Housekeeper</u>	53 <u>1</u>
11. Age at the time of this birth: <u>29</u> years	54 <u>053317</u>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Prk. 5 Tambo, Iligan City Lanao del Norte</u>	55 <u>050500</u>

13. NAME (First) (Middle) (Last) <u>Faustino Calustre Rugay</u>	56 <u>1</u>	57 <u>1</u>
14. CITIZENSHIP <u>Filipino</u>	58 <u>1</u>	59 <u>1</u>
15. RELIGION <u>Roman Catholic</u>	60 <u>050500</u>	61 <u>050500</u>
16. OCCUPATION <u>Employee</u>	62 <u>050500</u>	63 <u>050500</u>
17. Age at the time of this birth: <u>36</u> years	64 <u>050500</u>	65 <u>050500</u>

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 8, 1985 Iligan City

19a. ATTENDANT
1 Physician 2 Nurse X 3 Midwife
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 1:25 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Iligan City
Name in Print Flora D. Yap, R. M.
Title or Position Midwife III Date April 27, 1994

20. INFORMANT
Signature [Signature] Address Iligan City
Name in Print Flora D. Yap, R. M.
Relationship to the child none Date April 27, 1994

21. PREPARED BY
Signature [Signature]
Name in Print Leonora J. Bustamante
Title or Position Bookbinder II
Date April 27, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print TOMAS L. DAVID
Title or Position REGISTRATION OFFICER V
Date APR 29 1994

FOR OCRG USE ONLY:
Population Reference No.
3504-A94HD05-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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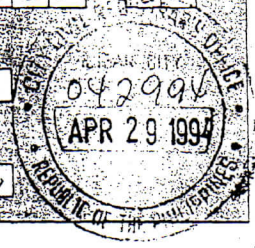
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BEST POSSIBLE IMAGE



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BReN
03504-A94HD04-6

Documentary
Stamp Tax Paid

Lina V. Castro
LINA V. CASTRO
Interim National Statistician and Civil Registrar General
Philippine Statistics Authority

