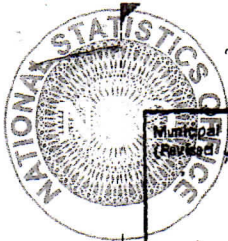


(Copy for OCRG)



Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

108/00

(Fill out completely, accurately and legibly. Use ink or indelible
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>CEBU</u>		Registry No. <u>57-8918</u>
City/Municipality <u>CEBU CITY</u>		
1. NAME (First Middle Last) <u>STANLEY SUPANGAN</u>		<p>For OCRG USE ONLY: Population Reference No.</p> <p>TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>41 <u>9708918</u></p> <p>42 <u>7</u></p> <p>43 <u>7</u> 44 <u>100447</u></p> <p>45 <u>32178</u></p> <p>46 <u>7</u></p> <p>47 <u>041497</u></p> <p>48 <u>7</u> 49 <u>7</u></p> <p>50 <u>020200</u></p> <p>51 <u>061</u> 52 <u>48</u></p> <p>53 <u>22269</u></p> <p>54 <u>0</u> 55 <u>7</u> 56 <u>1380</u></p> <p>57 <u>029</u> 58 <u>33</u></p> <p>59 <u>7</u> 60 <u>07/04/95</u></p> <p>61 <u>99994</u></p> <p>62 <u>7</u> 63 <u>05/06/97</u></p>
2. SEX <u>1</u> Male <u>2</u> Female	3. DATE OF BIRTH (Day month year) <u>10 April 1997</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>53-C B. Rodriguez St., Cebu City</u>		
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Other, Specify	
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>4th</u>	d. WEIGHT AT BIRTH <u>1.997</u> grams	
6. MAIDEN NAME (First Middle Last) <u>LOURDES MARGALLO SUPANGAN</u>		
7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Catholic</u>	
9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	
9c. No. of children born alive but are now dead: <u>still born</u>		
10. OCCUPATION <u>Medical Technologist</u>	11. Age at the time of this birth: <u>45</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Vistabella Lot 33-39 Basak, Lapu-Lapu City Cebu</u>		
13. NAME (First Middle Last) <u>MALCOLM STANLEY WAINWRIGHT</u>		
14. CITIZENSHIP <u>British</u>	15. RELIGION <u>Catholic</u>	
16. OCCUPATION <u>Engineer/Training Instructor</u>	17. Age at the time of this birth: <u>60</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 4, 1995 London</u>		
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:20 P.M.</u> on <u>10 April 1997</u> at <u>53-C B. Rodriguez St., Cebu City</u> .		
Signature <u>[Signature]</u> Address <u>53-C B. Rodriguez St., Cebu City</u> Name in Print <u>HERENA REGALLO SUPAN</u> Title or Position <u>Gen. Medicine and Pediatrics April 10, 1997</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>Vistabella Rik 1 Basak, Lapu-Lapu City Cebu</u> Name in Print <u>LOURDES M.S. WAINWRIGHT</u> Relationship to the child <u>Mother</u> Date <u>April 10, 1997</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>RUBY YLANAN</u> Title or Position <u>Medical Secretary</u> Date <u>April 10, 1997</u>	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>SWELEN A. AMADIO</u> Title or Position <u>CLERK</u> Date <u>MAY 06 1997</u>	

Camille R.
CARMELITA M. BRONDA