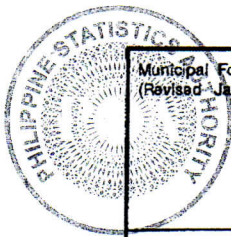


(Copy for OCRG)



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

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

Province CEBU Registry No. 95-27887
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
CHRISTIAN EARL REVERENTE YBANEZ

2. SEX XX 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year)
21 SEPTEMBER 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 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)
SECOND (first, second, third, etc.)

d. WEIGHT AT BIRTH
3,900 grams

6. MAIDEN NAME (First) (Middle) (Last)
YOLLY EVA REVERENTE

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: TWO

b. No. of children still living including this birth: TWO

c. No. of children born alive but are now dead: NONE

10. OCCUPATION
HOUSEWIFE

11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BUENA EXT., GUADALUPE CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
ERLITO LAVADOR YBANEZ

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION
CREDIT INVESTIGATOR/APPRaiser

17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 28, 1994; CEBU CITY, CEBU

19a. ATTENDANT
XX 1 Physician ___ 2 Nurse ___ 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 3:57 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address c/o Chong Hua Hospital
Name in Print EUFENIA C. COYOC, M.D. Puente Osmena, Cebu City
Title or Position Attending Physician Date September 23, 1995

20. INFORMANT
Signature [Signature] Address Buena Ext., Guadalupe
Name in Print YOLLY R. YBANEZ Cebu City
Relationship to the child MOTHER Date September 23, 1995

21. PREPARED BY
Signature [Signature]
Name in Print MA. MAGDALENA M. RIAS
Title or Position Clerk-Record Section
Date September 27, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Name]
Title or Position CLERK
Date September 27, 1995

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 95-27887

48:

49: 50: 27092

56: 22178

61:

62: 64: 23200

69: 69:

70: 72: 02 74: 02 74: 00

76: 79: 2220 23

81: 44178

86: 87:

88: 2080

88: 91: 1317 24

93: 032824

94: 22178

99: 001095

06527-6C-400BLA-01763-BI001

BEST POSSIBLE IMAGE

BReN

02217-A95SMOW-2

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General