



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)
(To be accomplished in quadruplicate)
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, 6a and 19a.)

REMARKS/ANNOTATION

Province Leyte
City/Municipality Tacloban City 2004 4973

1. NAME (First) (Middle) (Last)
STEVEN DANI Z. BALA NAVARRETE

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
17 August 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Divine Word Hospital/SH Tacloban City, Leyte

5a. TYPE OF BIRTH 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
d. WEIGHT AT BIRTH 2,500 grams

6. MAIDEN NAME (First) (Middle) (Last)
Lourdes Yap Zabala

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1079 St. Michael, Palo, Leyte

13. NAME (First) (Middle) (Last)
JOSE PAOLO MARIA Alican Navarrete

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION System Administrator 17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
August 30, 2002 - Palo, Leyte

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 6:10 P.M. o'clock am/pm on the date stated above.

Signature Realing Molina Address Divine Word Hospital
Name in Print REALING MOLINA, M.D. Tacloban City
Title or Position Attending Physician Date 8-16-2004

20. INFORMANT
Signature Jose Paolo Navarrete Address 1079 St. Michael,
Name in Print JOSE PAOLO MARIA A. NAVARRETE Palo, Leyte
Relationship to the child Father Date August 14, 2004

21. PREPARED BY
Signature Nimfa A. Maani
Name in Print NIMFA A. MAANI
Title or Position MEDICAL RECORDS LIAISON
Date August 14, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Miss Edy M. Borja
Name in Print MISS EDY M. BORJA
Title or Position CITY CIVIL REGISTRAR
Date August 16, 2004

X Checked by father before signing: Jose Paolo Navarrete

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