



(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 <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 18a.)					
Province <u>LEYTE</u>			Registry No. <u>2006-5048</u>		
City/Municipality <u>TACLOBAN CITY</u>					
1. NAME (First) (Middle) (Last) <u>GERALD MARI SABALA NAVARRETE</u>					
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>13 November 2006</u>			
CHILD BIRTH					
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>Third</u>		d. WEIGHT AT BIRTH <u>2,900</u> grams			
6. MAIDEN NAME (First) (Middle) (Last) <u>LOURDES YAP SABALA</u>					
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>			
9a. Total number of children born alive: <u>3</u>		9b. No. of children still living including this birth: <u>3</u>		9c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>30</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1079 St. Michael Palo, Leyte</u>					
13. NAME (First) (Middle) (Last) <u>JOSE PACLO MARIA ALICAN NAVARRETE</u>					
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>			
16. OCCUPATION <u>Computer Technician</u>		17. Age at the time of this birth: <u>34</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>August 30, 2002 - Palo, Leyte</u>					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:28 A.M.</u> o'clock on the date stated above.					
Signature <u>RAFAELINO G. HOLINA, M.D.</u> Name in Print <u>Attending Physician</u> Title or Position		Address <u>Divine Word Hospital</u> <u>Avenida Veteranos Tac. City</u> Date <u>November 15, 2006</u>			
20. INFORMANT Signature <u>Jose Paclo Maria A. Navarrete</u> Name in Print <u>Father</u> Relationship to the child		Address <u>1079 St. Michael, Palo, Leyte</u> Date <u>November 18, 2006</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ANITA ANIBO</u> Title or Position <u>Medicare Clerk</u> Date <u>November 18, 2006</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MRS. JUAN H. TORJA</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>NOV 20 2006</u>			

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