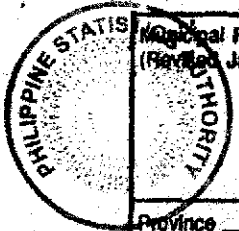


(Copy for OGRG)



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.)

REMARKS/ANNOTATION

Province <u>N.C.R.</u>		Registry No. <u>82-3490</u>
City/Municipality <u>D.C.</u>		
1. NAME (First) (Middle) (Last) <u>JACKLYN GEMIN FLORES</u>		
2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>07 OCT. 1993</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>E.A.N.C. D.C. N.C.R.</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify <u> </u>
c. BIRTH ORDER (Five births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2750</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>JENNIFER JAPAG GEMIN</u>		
7. CITIZENSHIP <u>PH.</u>		8. RELIGION <u>R.C.</u>
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>03</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>51 BAGUAN KALINGAN BUKID QUEZON CITY, N.C.R.</u>		
13. NAME (First) (Middle) (Last) <u>JOSE NELSON GODOY FLORES</u>		
14. CITIZENSHIP <u>PH.</u>		15. RELIGION <u>R.C.</u>
16. OCCUPATION <u>CLERK</u>		17. Age at the time of this birth: <u>30</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>SEPTEMBER 20, 1993 LITTLE QUIAPO, BIL., D.C.</u>		
19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u>X</u> 4 Healer (Traditional Healer) <u> </u> 5 Others (Specify <u> </u>)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at: <u>10:30</u> o'clock am/pm on the date stated above. Signature: <u>[Signature]</u> Address: <u>C/O E.A.N.C., D.C.</u> Name in Print: <u>CECILIA A. PACHECO, M.D.</u> Title or Position: <u>RES. PHYSICIAN</u> Date: <u>OCT. 7, 1993</u>		
20. INFORMANT Signature: <u>[Signature]</u> Address: <u>54 KALINGAN BUKID, QUEZON CITY, N.C.R.</u> Name in Print: <u>JENNIFER G. FLORES</u> Relationship to the child: <u>Mother</u> Date: <u>OCT. 7, 1993</u>		
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>MARCELO M. REYES</u> Title or Position: <u>CLERK I</u> Date: <u>OCT. 7, 1993</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>CECILIA A. PACHECO</u> Title or Position: <u>RES. PHYSICIAN</u> Date: <u>OCT. 7, 1993</u>

07171-8H-400MCS-01148-B1001

BEST POSSIBLE IMAGE

BRen
07404-A93V72D-5

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General