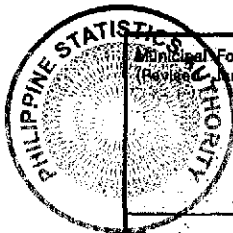


(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

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

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

Province <u>Cebu</u>		Registry No. <u>97-23904</u>
City/Municipality <u>Cebu City</u>		
1. NAME (First) <u>EFREN</u> (Middle) <u>GONZALES</u> (Last) <u>LINGAT III</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9725904</u> 42 <u> </u> 43 <u> </u> 44 <u> </u> 45 <u> </u> 46 <u> </u> 47 <u> </u> 48 <u> </u> 49 <u> </u> 50 <u>081097</u> 51 <u> </u> 52 <u> </u> 53 <u> </u> 54 <u> </u> 55 <u> </u> 56 <u>22178</u> 57 <u> </u> 58 <u> </u> 59 <u> </u> 60 <u> </u> 61 <u> </u> 62 <u> </u> 63 <u> </u> 64 <u> </u> 65 <u> </u> 66 <u> </u> 67 <u> </u> 68 <u> </u> 69 <u> </u> 70 <u> </u> 71 <u> </u> 72 <u> </u> 73 <u> </u> 74 <u> </u> 75 <u> </u> 76 <u> </u> 77 <u> </u> 78 <u> </u> 79 <u> </u> 80 <u> </u> 81 <u> </u> 82 <u> </u> 83 <u> </u> 84 <u> </u> 85 <u> </u> 86 <u> </u> 87 <u> </u> 88 <u> </u> 89 <u> </u> 90 <u> </u> 91 <u> </u> 92 <u> </u> 93 <u> </u> 94 <u> </u> 95 <u> </u> 96 <u> </u> 97 <u> </u> 98 <u> </u> 99 <u> </u> 100 <u> </u>
2. SEX <u>X</u> 1 Male 2 Female	3. DATE OF BIRTH (day) <u>08</u> (month) <u>Oct.</u> (year) <u>1997</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) <u>Cebu Doctors' Hospital</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>		
5a. TYPE OF BIRTH <u>X</u> 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) <u>2nd.</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,119</u> grams
6. MAIDEN NAME (First) <u>Indira Myra</u> (Middle) <u>Obafial</u> (Last) <u>Gonzales</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>
9a. Total number of children born alive: <u>02</u>	b. No. of children still living including this birth: <u>02</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>Employee-Fishing Supplies</u>		11. Age at the time of this birth: <u>23</u> years
12. RESIDENCE (House No., Street, Barangay) <u>Upper Tulay</u> (City/Municipality) <u>Minglanilla</u> (Province) <u>Cebu</u>		
13. NAME (First) <u>Efren</u> (Middle) <u>Tiongson</u> (Last) <u>Lingat Jr.</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>
16. OCCUPATION <u>Employee-Trading</u>		17. Age at the time of this birth: <u>21</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 6, 1996, Minglanilla, Cebu</u>		
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 <u>2:36 P.M.</u> o'clock <u>am/pm</u> on the date stated above.		
Signature <u>[Signature]</u> Name in Print <u>MA. VICTORIA LABADO, M.D.</u> Title or Position <u>Attending Physician</u> Address <u>Cebu Doctors' Hosp. Osmeña Blvd., Cebu City</u> Date <u>Oct 8, 1997</u>		
Signature <u>[Signature]</u> Name in Print <u>INDIRA MYRA LINGAT</u> Relationship to the child <u>Mother</u> Address <u>Upper Tulay, Minglanilla, Cebu</u> Date <u>Oct 8, 1997</u>		
Signature <u>[Signature]</u> Name in Print <u>Don D. Ministerio</u> Title or Position <u>Medical records clerk</u> Date <u>Oct. 8, 1997</u>		
Signature <u>[Signature]</u> Name in Print <u>EVELYN A. ARADIA</u> Title or Position <u>CLERK</u> Date <u>OCT 15 1997</u>		

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9725904

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88 89 90 91 92 93 94 95 96 97 98 99 100

05786-AB-724MTA-00002-BI001

BEST POSSIBLE IMAGE

BReN
02217-A97U80E-9

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.