

PHILIPPINE STATISTICS
 O.R. No. (304)35
 Municipal Form No. 102
 AMOUNT PAID: 5-
 DATE PAID: 9-10-97

REPUBLIC OF THE PHILIPPINES (To be accomplished in triplicate)
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Lanao del Norte LOCAL CIVIL REGISTRY NO. 92-5860
 CITY/MUNICIPALITY: Iligan City
 1. NAME (First) (Middle) (Last)
JOB REUBEN TEMPILADO ORBE
 2. SEX (Place 'X' on appropriate answer)
 1 Male 2 Female
 3. DATE OF BIRTH (Day) (Month) (Year)
30 August 1992
 4. PLACE OF BIRTH (Name of Hospital/Institution: If not in/hospital, give street/barangay) (City/Municipality) (Province)
Iligan Medical Center Iligan City Lanao del Norte
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.
 6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
URia Tempilado Orbe Filipino Roman Catholic
 9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Umasando Orbe Orbe Filipino Roman Catholic
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).
January 6, 1992, Iligan City, Lanao del Norte

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born at 2:28 o'clock a.m. on the date stated above.
 Signature [Signature] Address Iligan City
 Name in print Dr. Della M. Bonta Lanao del Norte
 Title or position Attending Physician Date August 30, 1992
 INFORMANT
 Signature [Signature] Address Prick Bangmalad, Caribido Village
 Name in print Venerando J. Orbe Iligan City, Lanao del Norte
 Relationship to child Father Date August 30, 1992
 15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature] Signature [Signature]
 Name in print Floridita T. Paeana Name in print [Signature]
 Title or position Nursery Staff Title or position [Signature]
 Date August 30, 1992 Date SEP 10 1997
 16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS RECEIVED 0190

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE Lanao del Norte Local Civil Registry No. 92-5860 Registration Status 1
 CITY/MUNICIPALITY Iligan City
 17. Weight at Birth (in grams) 3629 3629 18. Birth Order of Child (first, second, etc.) second 02
 19a. Total Number of Children Born Alive 02 b. How many children are now living including this birth? 02 c. How many children were born alive but are now dead? 00
 20. Usual Occupation Private Employee 21. Age at the time of this Birth 26
 22. Usual Residence (Barangay) (City/Municipality) (Province) Caribido Village Iligan City Lanao del Norte
 23. Usual Occupation Private Employee 24. Age at the time of this Birth 24
 25. Attendant at Birth (Place 'X' on appropriate answer) 1
 1-Physician 2-Nurse 3-Midwife 4-Hilot 5-Others

Sex 1 Date of Birth 300892 Place of Birth 35048 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD
 First M. I. Last
J O B R E U B E N T O R B E

"IPAKITA SA MUNDO, UMAASENSO NA TAYO"

07313-C1-733JRB-00514-BI001

BEST POSSIBLE IMAGE

BREN
 [03504-A92QW0D-5]

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

Documentary
 Stamp Tax Paid

