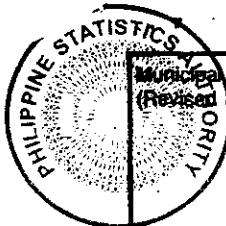


(Copy for OCRG)



Form No. 102 (To be accomplished in quadruplicate)
 (Revised January 1993)
 Republic of the Philippines
CERTIFICATE OF LIVE BIRTH JUL 1999
 (Fill out completely, accurately and legibly. Use ink or blue ink. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province _____ Registry No. 99-05773
 City/Municipality Las Piñas City

CHILD
 1. NAME (First) (Middle) (Last)
MARY ALBERT VILLAMOR VITO
 2. SEX X 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
19 June 1999
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Las Piñas District Hospital Las Piñas City
 5a. TYPE OF BIRTH X 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) (first, second, third, etc.)

 d. WEIGHT AT BIRTH 3.6 grams

POPULATION REFERENCE NO.
7601-A99MK07-6
 TO BE FILED AT THE OFFICE OF THE CIVIL REGISTRAR
9905173

MOTHER
 6. MAIDEN NAME (First) (Middle) (Last)
ELIZABETH VILLAROSA VILLAMOR
 7. CITIZENSHIP Filipino 8. RELIGION Catholic
 9a. Total number of children born alive: _____ b. No. of children still living including this birth: _____ c. No. of children born alive but are now dead: _____
 10. OCCUPATION none 11. Age at the time of this birth: 35 years
 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Almanza I Las Piñas City

2190399
76018
1
1633

FATHER
 13. NAME (First) (Middle) (Last)
CLARK VITO
 14. CITIZENSHIP Filipino 15. RELIGION Catholic
 16. OCCUPATION Self Employed 17. Age at the time of this birth: 41 years

1 1
 70 72 74

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
24 October 1998 - Pasay City

76 78
290 35

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify _____)

81 82 83
76018

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 11:25 am o'clock am/pm on the date stated above.

Signature _____ Address Las Piñas Dist Hosp
 Name in Print BEATRIZ PALMERO, MD Las Piñas City
 Title or Position Medical Officer III Date June 22, 1999

6580
1 1

20. INFORMANT
 Signature _____ Address Almanza I
 Name in Print ELIZABETH V. VITO Las Piñas City
 Relationship to the child Mother Date June 22, 1999

85 87
12 91

21. PREPARED BY
 Signature _____
 Name in Print ELENA T. LAM-ING
 Title or Position Nursing Attendant
 Date June 22, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name ADRENE B. MACASINAR
 Title or Position ASST. REGISTRATION OFFICER
 Date 02 JUL 1999

89 90
1 10 24 1999
1 76018
07 02 1999