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 Mandatory Form No. 102
 (Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
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 18a.)

 Province ILOILO City/Municipality ILOILO CITY

 Registration No. 2001-2478

0430

 1. NAME (First) (Middle) (Last)
LARZ OMEIR MADAYAG EMBIONADA
 2. SEX ☒ 1 Male ☐ 2 Female
 3. DATE OF BIRTH (day) (month) (year)
4 AUG. 2001
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay
WEST VISAYAS STATE UNIVERSITY HOSPITAL, JARO, I.C.
 5a. TYPE OF BIRTH ☒ 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)
1st (first, second, third, etc.)
 d. WEIGHT AT BIRTH
2900 grams

 6. MAIDEN NAME (First) (Middle) (Last)
LESLIE DOLOM MADAYAG
 7. CITIZENSHIP PILIPINO 8. RELIGION ROMAN CATHOLIC
 9a. Total number of children born alive: 1
 b. No. of children still living including this birth: 1
 c. No. of children born alive but are now dead: 0
 10. OCCUPATION TEACHER
 11. Age at the time of this birth: 27 years

 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
ZONE I, TAGBAC, JARO, ILOILO CITY
 13. NAME (First) (Middle) (Last)
LARRY DEMANOY EMBIONADA
 14. CITIZENSHIP PILIPINO 15. RELIGION ROMAN CATHOLIC
 16. OCCUPATION TEACHER
 17. Age at the time of this birth: 26 years

 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOVEMBER 16, 1998 ILO LO HALL OF JUSTICE

 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 9:32 P.M. o'clock
 am/pm on the date stated above

 Signature [Signature] Address WVSU HOSPITAL
JARO, ILOILO CITY
 Name in Print RAMELA BALADON, M.D. Date AUG. 4, 2001
 Title or Position RESIDENT PHYSICIAN

 20. INFORMANT
 Signature [Signature] Address ZONE I TAGBAC
JARO, ILOILO CITY
 Name in Print LESLIE EMBIONADA Date AUG. 4, 2001
 Relationship to the child MOTHER

 21. PREPARED BY
 Signature [Signature]
 Name in Print PETER BRYAN DELA CRUZ
 Title or Position JUNIOR INTERN
 Date AUG. 4, 2001
 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print MRS. TERESITA JACOMELE
 Title or Position CITY CIVIL REGISTRAR
 Date AUG 14 2001

 For Office Use Only
 Population Reference No.

 TO BE COMPLETED AT THE
 OFFICE OF THE CIVIL REGISTRAR

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


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