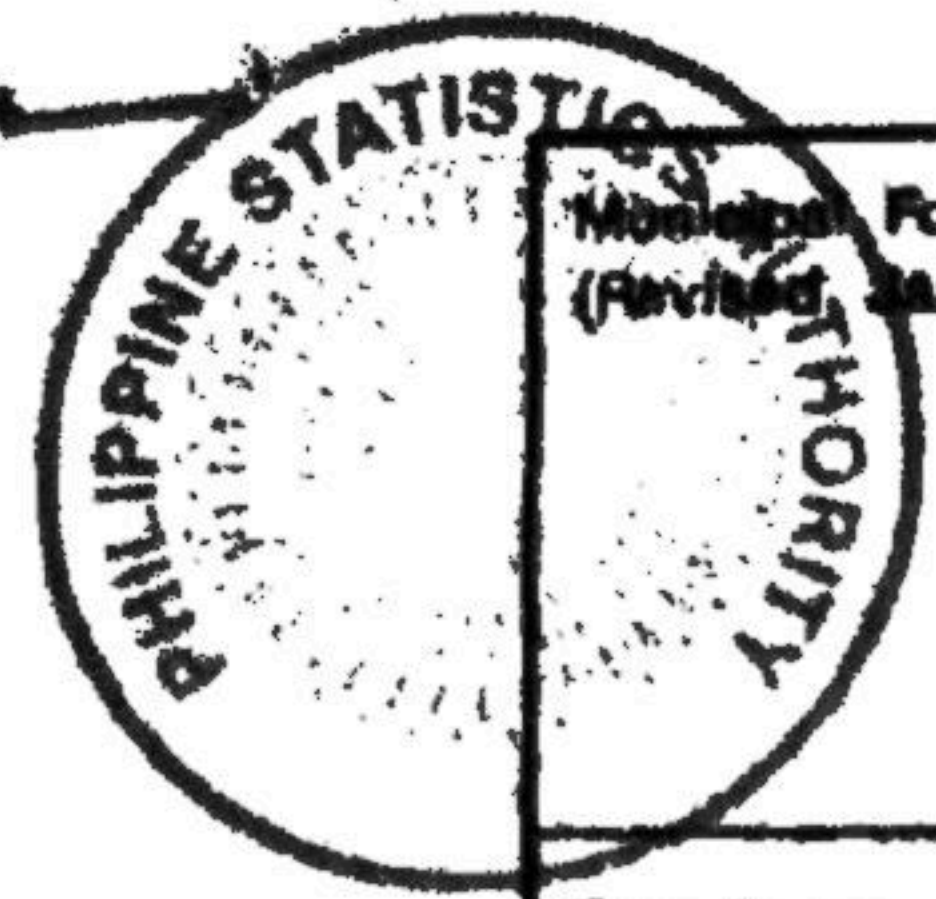


(Copy for OCRG)


 National Form No. 102
 (Revised January 1993)

(To be accomplished in quadruplicate)

 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 19a.)

 Province _____
 City/Municipality MANILA

 Registry No. 2004-25799

REMARKS/ANNOTATION

C H I L D	1. NAME (First) (Middle) (Last) AEDN JANE CASTRO VICENTUAN		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 06 MARCH 2004
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) ATANG DELA RAMA LYING IN CLINIC R. FERNANDEZ ST. TRO. MIA.		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) THIRD		d. WEIGHT AT BIRTH 2665 grams
	6. MAIDEN NAME (First) (Middle) (Last) JOHANNA JOANNE ESTERAN CASTRO		
	7. CITIZENSHIP PILIPINO		8. RELIGION ROMAN CATHOLIC
	9a. Total number of children born alive: 3		b. No. of children still living including this birth: 3
F A T H E R	10. OCCUPATION HOUSEWIFE		11. Age at the time of this birth: 27 years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 271-C MIRASOL STREET BALUT TONDO, MANILA		
	13. NAME (First) (Middle) (Last) RONNEL MACLENTE VICENTUAN		
	14. CITIZENSHIP PILIPINO		15. RELIGION ROMAN CATHOLIC
16. OCCUPATION PAINTER		17. Age at the time of this birth: 29 years	

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

MARCH 07, 2000 - PASAY CITY HALL

19a. ATTENDANT

☐ 1 Physician ☐ 2 Nurse ☒ 3 Midwife
☐ 4 Hilot (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 **2:17AM.** o'clock
 am/pm on the date stated above.

 Signature REONTANILLA Address ATANG DELA RAMA LIC.
 Name in Print ROSALINDA P. FONTANILLA R. FERNANDEZ ST. TRO. MANILA
 Title or Position REGISTERED MIDWIFE Date MARCH 06, 2004

20. INFORMANT

 Signature R. Vicentuan Address 271-C MIRASOL STREET
 Name in Print RONNEL M. VICENTUAN BALUT TONDO, MANILA
 Relationship to the child FATHER Date MARCH 06, 2004

21. PREPARED BY

 Signature REONTANILLA Signature FOR GLORIA C. PAGDILAO
 Name in Print ROSALINDA P. FONTANILLA Name in Print CITY CIVIL REGISTRAR
 Title or Position REGISTERED MIDWIFE Title or Position APR 05 2004
 Date MARCH 06, 2004 Date
For OCRG USE ONLY:
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41

48

49 50

56

61

62 64

66 68

70 72 74

76 78

81

86 87

88 91

93

94

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

 National Statistician and Civil Registrar General
 Philippine Statistics Authority