		20 00	(Copy for OCRG
Municipal Form No. 102	(To I	se accomplished in Quality (pate)	REMARKS/ANNOTATION
(Revised January 1993)  Republic of the	Philipoines	E RECEIVED S	
OFFICE OF THE CIVIL R		The state of the s	
CERTIFICATE OF		IRTH A DATE	
(Fill out completely, accurately and Place X before the appropriate answer	legibly. Use ink or in Name 2. 5a.	or symmetries OF DAYP.	
Province Davao del Sur City/Municipality Davao City		Registry No. 70723	
1. NAME Engel De	(Middle)	Hellijor	For OCRG USE ONLY: Population Reference No.
2 SEX (month)		TO BE FILLED UP AT THE	
C 4. PLACE OF (Name of Hospital/Clinic/Institut	tion/ (City/M	unicipality) (Province)	OFFICE OF THE CIVIL REGISTRAR
H BIRTH House No. Street Barwosy	on Group	Hospital	41
Leon Garcia St., Davao City  15a TYPE OF BIRTH		13003072	
5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 2 Twin 1 First 2 Second		I BI O I D I D I D I D I D I D I D I D I D	
3 Triplet, etc.		3 Others, Specify	
c. BIRTH ORDER five births and letal deaths Third including this cellwar		2466	
with account time, sec )	M(daile)	gravite (Cool)	10 50
			2 02 0 2 or
1			
7. CITIZENSHIP Filipino	8. RE	Homen Catholic	
O Sa. Total number of b. No. of children	en still	C. No. of children	2415124
T children bornoz living includ	703	born alive but OO	
E 10. OCCUPATION		11. Age at the time	61
R Housewife		of this birth: 52 years	
12. RESIDENCE (House No.: Street, Barangay	(City/N	funicipality) (Province)	
12. RESIDENCE House No. Street, Barangay	By. Anto	nio V. Floirendo,	antipo. Monte
F 13. NAME (First) Eugene En	(Middle)	Mellijor	[013] [41#   MIC]
A 14. CITIZENSHIP Filipino		TENGEN Catholic	min
H			# #
E 16. OCCUPATION Paborer		17. Age at the time 33 of this birth:	70 72 74
R	100	yess	[6]3 [6]3 [4]
18. DATE AND PLACE OF MARRIAGE OF P		ot mainled, accomplish Affidavit of	MAD AS LAG
Acknowledgment/Admission of Paternity 28 January 1989 -	Panabo.	Davao del Norte	
	eroengeraan in A. U.	Denis School Colors and Colors an	SOUTH A STATE OF THE STATE OF T
A STATE OF THE PARTY OF THE PAR	The second second	AND PROPERTY OF THE PERSON NAMED IN	78 79
19a ATTENDANT	2 Nurse	3 Midwile	धिया अय
19a. ATTENDANT  X 1 Physician  4 Helot (Traditional Midwife)	2 Nurse 5 Others (Spo	a Midwife	য়েয়ত গ্রিম
1 Physician 4 Hilot (Traditional Midwife) 19b CERTIFICATION OF BIRTH	5 Others (Spe	10:02 sum	<u> </u>
19b CERTIFICATION OF BIRTH Thereby certify that I strended the birth of the r	5 Others (Spe	10:02 sum	श्यक अर
1 Physician 4 Hsiot (Traditional Midwife) 196 CERTIFICATION OF SIRTH I harsby certify that I attended the birth of the o	5 Others (Spo child who was bor Me	nalive at 10:02 sum protock	23150 23150
1 Physician 4 Helot (Traditional Midwife) 19b CERTIFICATION OF BIRTH harsby certify that I attended the birth of the o am/pm on the date stated above.	5 Others (Spr child who was bor Address loss	nalive at 10:02 tum protock	23150  Bospital
1 Physician 4 Helot (Traditional Midwife) 19b CERTIFICATION OF BIRTH harsby certify that I attended the birth of the o am/pm on the date stated above. T	5 Others (Spr child who was bor Address loss	nalive at 10:02 sum protock	23150 23150
1 Physician 4 Hsiot (Traditional Midwife) 196 CERTIFICATION OF SIRTH I harsby certify that I attended the birth of the o	5 Others (Spi	nellys at 10:02 km o'dock dical Mission Group on Varcia St., Dave tober 10, 2000	220 32 23150 Bospital 6177 1930
1 Physician 4 Hold (Traditional Midwife)  19b CERTIFICATION OF BIRTH harsby certify that I strended the birth of the o am/pm on the date stated above. The signature Signature Name in Print Excito B. Gonzales, Millians Population 20. INFORMANT	onlid who was bor	naliva at 10:02 km odock dical Mission Group on Warcia St., Dave tober 10, 2000  Prk. 9-4 Pkg. 2 516	220 32 23150 Bospital Sity of 1930 1930
1 Physician 4 Hold (Traditional Midwife)  19b CERTIFICATION OF SIRTH  Thereby certify that I strended the birth of the cam/pm on the date stated above. The signature Research	onlid who was bor	dical Mission Group on Warcia St., Dave tober 10, 2000	220 32 23150 Bospital Sity of 1930 1930
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1 Physician 4 Hold (Traditional Midwife)  19b CERTIFICATION OF SIRTH 1 hereby certify that I stiended the birth of the r am/pm on the date stated above.  Signature Name in Print 1 Signature Name in Print 1 Signature Name in Print 20. INFORMANT  Signature Name in Print Relationship to the child 21. PREPARED BY	Others (Spinors) Child who was bor  Address Co  Date  Date  22. RECE Th	Prk. 9-1 Pkg. 2 Blo Ploirendo, Panabo October 10, 2000  Even at the Office of the Civil Registration	220 32  123150  Bospital Olity of 1930  1930  1930
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Administrator and Civil Registrar General
National Statistics Office