

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)</p>				
Province <u>DAVAO DEL SUR</u>		Registry No. <u>98-38,056</u>		<p>For OCRG USE ONLY: Population Reference No. _____</p> <p>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>61 <u>9838056</u></p> <p>62 <u>1</u></p> <p>63 <u>1</u> <u>201098</u></p> <p>64 <u>24026</u></p> <p>65 <u>1</u></p> <p>66 <u>1</u></p> <p>67 <u>02</u> <u>02</u> <u>05</u></p> <p>68 <u>432</u> <u>31</u></p> <p>69 <u>24026</u></p> <p>70 <u>1</u> <u>1</u> <u>0560</u></p> <p>71 <u>0731-1523</u></p> <p>72 <u>24026</u></p> <p>73 <u>10-29-98</u></p>
City/Municipality <u>DAVAO CITY</u>				
1. NAME (First) <u>FROILAN RAY</u> (Middle) <u>SUBANG</u> (Last) <u>ESTALILLA</u>				
2. SEX <u>X</u> 1 Male _____ 2 Female _____		3. DATE OF BIRTH (day) (month) (year) <u>20 OCTOBER 1998</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>TEGARRO POLYCLINIC HOSPITAL</u> <u>DAVAO</u> <u>DAVAO</u>				
5a. TYPE OF BIRTH <u>X</u> 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) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2500</u> grams		
5. MAIDEN NAME (First) <u>MA. CORAZON</u> (Middle) <u>ESCALERA</u> (Last) <u>SUBANG</u>				
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		
10. OCCUPATION <u>sales clerk</u>		11. Age at the time of this birth: <u>31</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BLK. 40 LOT 7 SOUTH VILLA HEIGHTS II, CATALUNAN GRANDE</u>				
13. NAME (First) <u>FLORANTE</u> (Middle) <u>MARTINEZ</u> (Last) <u>ESTALILLA</u>				
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>CI collector</u>		17. Age at the time of this birth: <u>34</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>31 JULY 1993 - ST. JUDE PARISH, MALVAR ST., DAVAO CITY</u>				
19a. ATTENDANT <u>X</u> 1 Physician _____ 2 Nurse _____ 3 Midwife _____ _____ 4 Healer (Traditional Healer) _____ 5 Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:47</u> o'clock _____ any/pm on the date stated above.				
<p>Signature <u>GLICERIO R. TEGARRO, MD</u> Address <u>TPMH</u> Name in Print <u>GLICERIO R. TEGARRO, MD</u> <u>DAVAO CITY</u> Title or Position <u>PHYSICIAN</u> Date <u>10-24-98</u></p>				
20. INFORMANT Signature <u>FLORANTE MARTINEZ ESTALILLA</u> Address <u>BLK. 40 LOT 7 SOUTH</u> Name in Print <u>FLORANTE MARTINEZ ESTALILLA</u> <u>VILLA HTS., II, CAT. GRANDE</u> Relationship to the child <u>FATHER</u> Date <u>10-22-98</u>				
21. PREPARED BY Signature <u>JOCELYN V. ECHANOVA</u> Name in Print <u>JOCELYN V. ECHANOVA</u> Title or Position <u>CLERK</u> Date <u>10-24-98</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>ELYRA O. CASAPLA</u> Name in Print <u>ELYRA O. CASAPLA</u> Title or Position <u>REGISTRATION OFFICER - 2</u> Date <u>29 OCT 1998</u>				

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BEST POSSIBLE IMAGE



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BReN

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