


(Copy for OCRG)

Municipal 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 10c.)				
Province _____		Registry No. _____		
City/Municipality <u>Davao City</u>				
1. NAME (First) (Middle) (Last) <u>PATRICIA JOY</u> <u>UMBAC</u> <u>GUTIERREZ</u>				For OCRG USE ONLY: Population Reference No. _____
2. SEX <u>1</u> Male <u>X</u> 2 Female				TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>00022092</u> 49 <u>2</u> <u>24072000</u> 56 <u>24026</u> 62 <u>21</u> <u>2232</u> 68 <u>1</u> <u>1</u> 70 <u>21</u> <u>21</u> <u>21</u> 76 <u>220</u> <u>27</u> 81 <u>24026</u> 86 <u>1</u> <u>1</u> 88 <u>220</u> <u>28</u> 93 <u>03181999</u> <u>Waller</u> 94 <u>06072000</u>
3. DATE OF BIRTH (day) (month) (year) <u>24</u> <u>July</u> <u>2000</u>				
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>RICARDO LIMSO MEDICAL CENTER, Inc. V. Ilustre Street, Davao City</u>				
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____				
c. BIRTH ORDER (live births and total deaths including this delivery) <u>First</u> (first, second, third, etc.)				
d. WEIGHT AT BIRTH <u>3232</u> grams				
6. MAIDEN NAME (First) (Middle) (Last) <u>MARIVIC</u> <u>LABADOR</u> <u>UMBAC</u>				
7. CITIZENSHIP <u>Filipino</u>				
8. RELIGION <u>Roman Catholic</u>				
9a. Total number of children born alive: <u>01</u>				
b. No. of children still living including this birth: <u>01</u>				
c. No. of children born alive but are now dead: <u>00</u>				
10. OCCUPATION <u>Housewife</u>				
11. Age at the time of this birth: <u>27</u> years				
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Km. 11 De Gusman Vill., Basa, Davao City</u>				
13. NAME (First) (Middle) (Last) <u>MANUELITO</u> <u>MARI</u> <u>GUTIERREZ</u>				
14. CITIZENSHIP <u>Filipino</u>				
15. RELIGION <u>Roman Catholic</u>				
16. OCCUPATION <u>Employee</u>				
17. Age at the time of this birth: <u>28</u> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>18 March 1999</u> <u>Panacan, Davao City</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____				
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>9:10</u> o'clock <u>am/pm</u> on the date stated above.) Signature <u>[Signature]</u> Address <u>RICARDO LIMSO MEDICAL CENTER, INC. V. Ilustre Street, Davao City</u> Name in Print <u>JUDITH HAGLINA M.D.</u> Date <u>July 30, 2000</u> Title or Position <u>Physician</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Km 11 De Gusman Vill., Basa, Davao City</u> Name in Print <u>MANUELITO N. GUTIERREZ</u> Date <u>July 30, 2000</u> Relationship to the child <u>Father</u>				
21. PREPARED BY Signature <u>[Signature]</u> Address _____ Name in Print <u>ISABELA D. CRUZ</u> Date _____ Title or Position <u>Incharge, Medical Records</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address _____ Name in Print <u>ELVIRAO CASILLO</u> Date _____ Title or Position <u>Registration Officer IV</u> <u>Chief Birth Division</u>				

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority