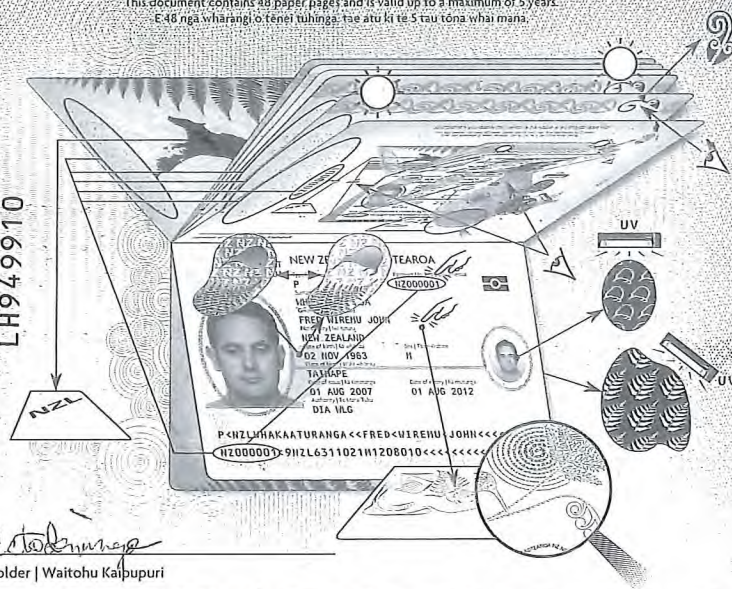


This document contains 48 paper pages and is valid up to a maximum of 5 years.  
E 48 nga whārangi o tenei tuhinga tae atu ki te 5 tau tōna whai mana.

LH949910



Signature of Holder | Waitohu Kaipupuri

PASSPORT URUWHENUA	NEW ZEALAND   AOTEAROA	
Type   Momo	Country   Whenua	Passport No.   Tau Uruwhenua
P	NZL	LH949910
Surname   Ingoa whānau		
DONATO STO DOMINGO		
Given names   Ingoa ake:		
LEONORA		
Nationality   Iwi tūturu		
NEW ZEALAND		
Date of birth   Rā whānau		
05 FEB 1964		
Place of birth   Wāhi whānau		
BATANGAS		
Date of issue   Rā timatanga		
04 NOV 2014		
Authority   Te Mana Tuku		
DIA SYD		
Sex   Tāne-Wahine		
F		
Date of expiry   Rā mutunga		
04 NOV 2019		

P<NZLDONATO<STO<DOMINGO<<LEONORA<<<<<<<<<  
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MUNICIPAL FORM No. 102- (Revised Dec. 1, 1963)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

## CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

D-1 351

Province: <u>Batangas</u>		Registrar Number:	
City or Municipality: <u>Batangas</u>		(a) Civil Registrar-General No. _____	
		(b) Local Civil Registrar No. <u>521</u>	
1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>Batangas</u>		a. PROVINCE <u>Batangas</u>	
b. CITY OR MUNICIPALITY <u>Batangas</u>		b. CITY OR MUNICIPALITY <u>Bauan</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Holy Family Hospital</u>		c. NUMBER AND STREET <u>San Pascual, Bauan</u>	
d. IS PLACE OF BIRTH INSIDE CITY/TOWN? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>		J. IS RESIDENCE INSIDE CITY/TOWN? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	K. IS RESIDENCE OUT OF A FAMILY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
3. NAME (Type or print)		4. NAME (Type or print)	
a. First <u>LEONORA</u>		b. First <u>DAVID</u>	
c. Middle <u>DAVID</u>		d. Middle <u>DONATO</u>	
e. Last <u>DAVID</u>		f. Last <u>DONATO</u>	
5. SEX <u>Female</u> <input checked="" type="checkbox"/> <u>Male</u> <input type="checkbox"/>		6. DATE OF BIRTH <u>Month Feb. 5, 1964</u>	
7. AGE (At time of this birth) <u>42</u> Years		8. AGE (At time of this birth) <u>35</u> Years	
9. PLACE OF BIRTH <u>Trece Nortes</u>		10. PLACE OF BIRTH <u>Dol Carmen, Pampanga</u>	
11. USUAL OCCUPATION		12. KIND OF BUSINESS OR INDUSTRY	
13. MOTHER'S NAME (Type or print) <u>Lourdes</u>		14. MOTHER'S NAME (Type or print) <u>David</u>	
15. AGE (At time of this birth) <u>42</u> Years		16. AGE (At time of this birth) <u>35</u> Years	
17. PLACE OF BIRTH <u>Trece Nortes</u>		18. PLACE OF BIRTH <u>Dol Carmen, Pampanga</u>	
19. SIGNATURE OF INFORMANT <u>MATEO B. DONATO</u>		20. SIGNATURE OF ATTENDANT AT BIRTH <u>Dr. A. V. CASTILLO JR.</u>	
21. NAME IN PRINT <u>MATEO B. DONATO</u>		22. NAME IN PRINT <u>Dr. A. V. CASTILLO JR.</u>	
23. ADDRESS <u>San Pascual, Bauan, Batangas</u>		24. ADDRESS <u>Batangas, Batangas</u>	
25. MOTHER'S PLACING ADDRESS (Number, Street, City or Municipality, Province) <u>Bo. San Pascual, Bauan, Batangas</u>		26. MOTHER'S PLACING ADDRESS (Number, Street, City or Municipality, Province) <u>Batangas, Batangas</u>	
27. DATE SIGNED BY ATTENDANT AT BIRTH <u>Feb. 15, 1964</u>		28. DATE SIGNED BY ATTENDANT AT BIRTH <u>Feb. 15, 1964</u>	
29. DATE WHEN GIVEN NAME WAS SUPPLIED <u>Feb. 15, 1964</u>		30. DATE WHEN GIVEN NAME WAS SUPPLIED <u>Feb. 15, 1964</u>	
31. LENGTH OF PREGNANCY <u>40</u> COMPLETED WEEKS		32. WEIGHT AT BIRTH <u>12</u> LBS. <u>05</u> OZ.	
33. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) <u>June 15, 1944</u>		34. DATE AND PLACE OF MARRIAGE OF PARENTS (For illegitimate birth) <u>June 15, 1944</u>	
35. CITY OR MUNICIPALITY <u>Manila</u> Province <u>Manila</u>		36. CITY OR MUNICIPALITY <u>Manila</u> Province <u>Manila</u>	
37. THIS CERTIFICATE IS PREPARED BY: <u>MATEO B. DONATO</u>			
38. NAME IN PRINT <u>MATEO B. DONATO</u>			
39. TITLE OR POSITION <u>Civil Registrar</u>			
40. DATE <u>Feb. 15, 1964</u>			

10-239

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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Carmelita N. ERICTA

CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



medicare

4347 02709 3

1 RENECHITO STO DOMINGO  
2 LEONORA D STO DOMINGO  
3 HAVERICK J STO DOMINGO

VALID TO 07/2017