

Municipal Form No. 102
(Revised 1988)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE LAGUNA
CITY/MUNICIPALITY BINAN

LOCAL CIVIL REGISTRY NO. 92-0563

1. NAME (First) (Middle) (Last)
MACY DONATO STO. DOMINGO

2. SEX (Place 'X' on appropriate answer)

X 1 Male X 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
10 JAN 1992

4. PLACE OF (Name of Hospital/Institution: if not in/
BIRTH hospital, give street/barangay) (City/Municipality) (Province)
COMMUNITY CLINIC SOUTH CITY HOMES BINAN LAGUNA

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)

X 1 Single X 2 Twin X 3 Three or more.

b. IF MULTIPLE BIRTH, CHILD WAS

X 1 First X 2 Second X 3 Third, 4th, etc.

6. MAIDEN (First) (Middle) (Last)
NAME LEONORA DAVID DONATO

7. NATIONALITY
FILIPINO

8. RELIGION
R. CATHOLIC

9. NAME (First) (Middle) (Last)
RENEECHITO MERCADER STO. DOMINGO

10. NATIONALITY
FILIPINO

11. RELIGION
R. CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).
MARCH 30, 1987 SACRED HEART QUEZON CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 12:50 P.M. o'clock a.m./p.m. on the date stated above.

Signature [Signature]
Name in print MYRNA DIMARANAN
Title or position REG. MIDWIFE

Address COMMUNITY CLINIC
SOUTH CITY HOMES BINAN, LAGUNA
Date _____

14. INFORMANT

Signature [Signature]
Name in print RENEECHITO M. STO. DOMINGO
Relationship to child FATHER

Address SOUTH CITY HOMES
BINAN, LAGUNA
Date _____

15a. PREPARED BY

Signature [Signature]
Name in print MYRNA DIMARANAN
Title or position REG. MIDWIFE
Date FEB. 4, 1992

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature]
Name in print _____
Title or position _____
Date 20 Feb 92

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

out completely, accurately and legibly in ink or typewriter)

LOCAL CIVIL REGISTRY NO. 92-0263

(Middle)
DONATO

(Last)
STO. DOMINGO

3. DATE OF BIRTH (Day) (Month) (Year)
10 JAN 1992

tion: if not in/
angay)

(City/Municipality)

(Province)

SOUTH CITY HOMES

BIÑAN LAGUNA

ropriate answer)

b. IF MULTIPLE BIRTH, CHILD WAS

Three or more.

___ 1 First ___ 2 Second ___ 3 Third, 4th, etc

(Last)
DONATO

7. NATIONALITY
FILIPINO

8. RELIGION
R. CATHOLIC

(Last)
ER STO. DOMINGO

10. NATIONALITY
FILIPINO

11. RELIGION
R. CATHOLIC

F PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).

37 SACRED HEART QUEZON CITY

BIRTH

the birth of the child who was born alive at 12:50 P.M. o'clock a.m./p.m. on the date stated above.

ANAN
WIFE

Address

COMMUNITY CLINIC
SOUTH CITY HOMES BIÑAN, LAGUNA

Date

STO. DOMINGO

Address

SOUTH CITY HOMES
BIÑAN, LAGUNA

Date

ARANAN
WIFE

Signature

Name in print

Title or position

Date

MENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED