



(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 CERTIFICATE OF LIVE BIRTH</p> <p align="center">(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 _____		Registry No. <u>9211235</u>			
City/Municipality <u>Manila</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>Renz Christian Munoz Cabato</u>		For OCRG USE ONLY: Population Reference No. _____		
	2. SEX <u>X</u> 1. Male _____ 2. Female _____		3. DATE OF BIRTH (day) (month) (year) <u>30 Dec 96</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>JOSE R. REYES MEM. MED. CENTER - MIA</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	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>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2900</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Irene Basa Munoz</u>		48 <u>1</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		
	10. OCCUPATION <u>Housekeeper</u>		c. No. of children born alive but are now dead: <u>0</u>		
	11. Age at the time of this birth: <u>21</u> years		49 <u>1</u> 50 <u>301296</u>		
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1969-D, Katamanan St., Tondo Manila</u>		56 <u>39057</u>		
	13. NAME (First) (Middle) (Last) <u>Menir Gutierrez Cabato</u>		61 <u>1</u>		
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
	16. OCCUPATION <u>Farmer</u>		17. Age at the time of this birth: <u>21</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 30, 1995 - Pangasinan</u>		62 <u>01</u> 64 <u>2900</u>		
19a. ATTENDANT <u>X</u> 1. Physician _____ 2. Nurse _____ 3. Midwife _____ 4. Hilot (Traditional Midwife) _____ 5. Others (Specify) _____		68 <u>1</u> 69 <u>1</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:50 p.m.</u> o'clock am/pm on the date stated above.		70 <u>01</u> 72 <u>01</u> 74 <u>00</u>			
Signature _____ Name in Print <u>Leilani Chavez, M.D.</u> Title or Position <u>Medical Officer III</u>		76 <u>220</u> 79 <u>21</u>			
20. INFORMANT Signature _____ Name in Print <u>Irene Cabato</u> Relationship to the child <u>Mother</u>		81 <u>39016</u>			
21. PREPARED BY Signature _____ Name in Print <u>Leilani Chavez, M.D.</u> Title or Position <u>Medical Officer III</u> Date <u>1-23-97 /spd</u>		88 <u>619</u> 91 <u>21</u>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ATTY. REMELITA N. ERICTA</u> Title or Position <u>OFFICER IN CHARGE CITY CIVIL REGISTRAR</u> Date <u>JAN 30 1997</u>		93 <u>1</u> 94 <u>5500</u>			

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BEST POSSIBLE IMAGE



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BReN

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Carmelita N. Erica
CARMELITA N. ERICTA
Administradora and Civil Registrar General
National Statistics Office

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