

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 \_\_\_\_\_ LOCAL CIVIL REGISTRY NO. 93-067402

CITY/MUNICIPALITY MANILA

1. NAME (First) (Middle) (Last)  
JENNIFER GENDRANO TINAJA

2. SEX (Place 'X' on appropriate answer)  
1 Male X 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)  
28 JAN. 1993

4. PLACE OF (Name of Hospital/Institution: if not in/ (City/Municipality) (Province)  
BIRTH hospital, give street/barangay) DR. JOSE WARELLA MEMORIAL HOSPITAL MANILA

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS  
X 1 Single 2 Twin 3 Three or more. 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
Venus A. Gendrano Phil. Cath.

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
Cristetuto M. Tinaja Phil. Cath.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).  
JAN. 21, 1979 MANDALUYONG M.M.A.

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 3:25 o'clock a.m./p.m. on the date stated above.  
Signature: DR. VIADO DR. JOSE WARELLA MEMORIAL HOSPITAL MANILA  
Name in print DR. VIADO Address \_\_\_\_\_  
Title or position PHYSICIAN Date JAN. 28, 1993

14. INFORMANT  
Signature: Venus G. Tinaja Address 79 M. Cruz St., Mandaluyong M.M.A.  
Name in print VENUS G. TINAJA Date JAN. 28, 1993  
Relationship to child MOTHER

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature: L.D. BELOSTRINO Signature: MAURICIO D. SANCHEZ  
Name in print L.D. BELOSTRINO Name in print MAURICIO D. SANCHEZ  
Title or position CLERK Title or position CLERK  
Date JAN. 28, 1993 Date FEB 11 1993 2350

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE \_\_\_\_\_ Local Civil Registry No. 93-067402 Status 15

CITY/MUNICIPALITY MANILA

17. Weight at Birth (in grams) 2300 18. Birth Order of Child (first, second, etc.) fifth

19a. Total Number of Children Born Alive 5 b. How many children are now living including this birth? 4 c. How many children were born alive but are now dead? 1

20. Usual Occupation Factory worker 21. Age at the time of this Birth 36

22. Usual Residence (Barangay) 79 M. Cruz St., Mandaluyong M.M.A. City/Municipality (Province) MANILA

23. Usual Occupation Welder 24. Age at the time of this Birth 40

25. Attendant at Birth (Place 'X' on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others

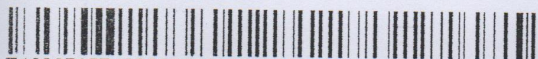
Sex M Date of Birth 28/01/93 Place of Birth MANILA Mother's Nationality Phil. Father's Nationality Phil.

NAME OF CHILD  
First JENNIFER M.I. S Last TINAJA

"PAKITA SA MUNDO, UMAASENSO NA TAYO".

07677-92-402MAR-00340-BI076

BEST POSSIBLE IMAGE



T40207677-00340034001072021076

BReN  
03905-A93BU3U-4

Documentary  
Stamp Tax Paid

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

