Municipal Form No. 102
(Revised 1993)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE: Camiguin
LOCAL CIVIL REGISTRY NO. 89-00039

CITY / MUNICIPALITY: Guinsiliban

1. NAME (First): [illegible] (Middle): [illegible] (Last): BONJE

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

3. DATE OF BIRTH (Day): 5 (Month): April (Year): 1989

4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street/barangay): North Poblacion
(City/Municipality): Guinsiliban
(Province): Camiguin

5a. TYPE OF BIRTH (Place X on appropriate answer)
x 1 Single __ 2 Twin __ 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS
__ 1 First __ 2 Second __ 3 Third, 4th, etc.

Mother
6. MAIDEN NAME (First) (Middle) (Last): Martina [illegible] Gudiando
7. NATIONALITY: Filipino
8. RELIGION: Roman Catholic

Father
9. NAME (First) (Middle) (Last): Menandro [illegible] Bonje
10. NATIONALITY: Filipino
11. RELIGION: Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, file Affidavit of Acknowledgment of the Birth)
August 27, 1987 - Guinsiliban, Camiguin

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:00 P.M. on the date stated above.

Signature: Gerardio Salon
Name in print: [illegible]
Title or position: [illegible]
Address: Liong, Guinsiliban, Camiguin
Date: April 10, 1989

14. INFORMANT
Signature: Menandro Bonje
Name in print: MENANDRO BONJE
Relationship to child: Father
Address: North Poblacion, Guinsiliban, Cam.
Date: [illegible]

15a. PREPARED BY
Signature: [signature]
Name in print: LINDA N. ENCENDENCIA
Title or position: [illegible] Clerk
Date: [illegible]

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [signature]
Name in print: LOURDES B. SABUERO
Title or position: Asst. Local Civil Reg.
Date: [illegible]

0920

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

04484-9H-400JTC-01245-BI001
BEST POSSIBLE IMAGE
T400044844000124504112012001

BReN
01802-A89G501-8

Documentary
Stamp Tax Paid

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

NH300717526