(Copy for OCRG)

Municipal Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province: LEYTE
City/Municipality: ORMOC

Registry No. 96 - 4229

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 | 48 | 49 | 50 | 56 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 76 | 79 | 81 | 86 | 87 | 88 | 91 | 93

090989 · 1150

87382
100996

CHILD

1. NAME: (First) ANGELICA (Middle) CASTILLO (Last) ASOY

2. SEX: ____ 1 Male __X__ 2 Female

3. DATE OF BIRTH: (day) 10 (month) September (year) 1996

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Bray. Hibunaon, (City/Municipality) Ormoc City (Province) Leyte

5a. TYPE OF BIRTH: __X__ 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): 5th (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2268 grams

MOTHER

6. MAIDEN NAME: (First) MERCEDITA (Middle) BULOY (Last) CASTILLO

7. CITIZENSHIP: FIL.

8. RELIGION: R.C.

9a. Total number of children born alive: 5

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 2

10. OCCUPATION: H.K.

11. Age at the time of this birth: 28 years

12. RESIDENCE: (House No., Street, Barangay) Brgy. Hibunaon, (City/Municipality) Ormoc City (Province) Leyte

FATHER

13. NAME: (First) GONZALO (Middle) LUMAAD (Last) ASOY

14. CITIZENSHIP: FIL.

15. RELIGION: R.C.

16. OCCUPATION: RICE FARMER

17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

September 09, 1989 - Ormoc City

19a. ATTENDANT

____ 1 Physician ____ 2 Nurse ____ 3 Midwife
__X__ 4 Hilot (Traditional Midwife) ____ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 12:15 p.m. o'clock am/pm on the date stated above.

Signature: N.A.
Name in Print: PATRICIA ASIS
Title or Position: Hilot
Address: Hibunaon, O.C.
Date: 10-9-96

20. INFORMANT

Signature: /Aurelia Sucalip
Name in Print: AURELIA SUCALIP
Relationship to the child: aunt
Address: - do -
Date: 10-9-96

21. PREPARED BY

Signature:
Name in Print: SURMAE P. SALAZAR
Title or Position: casual employee
Date: 10-9-96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print: ARCHILLES A. SILVA LL.B., MPA
Title or Position: City Civil Registrar
Date: 10/9/96

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BEST POSSIBLE IMAGE

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BReN
03738-A96TA01-2

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority