(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: Baybay
Registry No.: 94-1723

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) CHRISTELLE (Middle) VENUS (Last) FELICILDA CAPUNO

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 14 (month) July (year) 1994

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution / House No., Street, Barangay) Dr. Palermo's Clinic (City/Municipality) Baybay (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) (first, second, third, etc.): 2nd

d. WEIGHT AT BIRTH: 3798 grams

MOTHER

6. MAIDEN NAME: (First) Rufina (Middle) L. (Last) Felicilda

7. CITIZENSHIP: Filipino

8. RELIGION: Rom. Cath.

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Instructor

11. Age at the time of this birth: 36 years

12. RESIDENCE: (House No., Street, Barangay) Apartment No. 42, Visca (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME: (First) Othello (Middle) B. (Last) Capuno

14. CITIZENSHIP: Filipino

15. RELIGION: Rom. Cath.

16. OCCUPATION: Professor

17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 8, 1990 at Pasay, Metro Manila

19a. ATTENDANT
X 1 Physician ___ 2 Nurse ___ 3 Midwife
___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of this child who was born alive at 9:55am o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: DR. REGINO V. PALERMO, JR.
Title or Position: Attending Physician
Address: Baybay, Leyte
Date: July 14, 1994

20. INFORMANT
Signature: [signature]
Name in Print: OTHELLO B. CAPUNO
Relationship to the child: Father
Address: Apartment No. 42, Baybay, Leyte
Date: July 15, 1994

21. PREPARED BY
Signature: [signature]
Name in Print: TERESITA C. MUÑEZ
Title or Position: Clerk
Date: July 14, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NOEL V. MANAGBANAG
Title or Position: M.C.R.
Date: July 14, 1994

41: 1
46: 1
49: 2
50: 14 0 1
56: 2 2 1
61: 1
62: 0 2
64: 3 7 1 8
65: 1
66: 1
70: 0 2
72: 0 1
74:
75: 1 3 2
79: 3 6
81:
86: 1
87: 1
88: 1 3 8
91: 5 8
93: 1
94: 1

1810

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BEST POSSIBLE IMAGE

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CM800199190

BReN
[03708-A94PE01-9]

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority