



(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 <u>Leyte</u>		Registry No. <u>25-2007</u>	
City/Municipality <u>Baybay</u>			
1. NAME (First) (Middle) (Last) <u>RA KRISTINE CLARISSE BAUTISTA TULIN</u>			
2. SEX ____ 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>09 August 1995</u>	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Dr. Palermo's Clinic Baybay Leyte</u>		
	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) (first, second, third, etc.) <u>2nd</u>		d. WEIGHT AT BIRTH <u>2948.5 grams</u>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Anabella T Bautista</u>		
	7. CITIZENSHIP <u>Filipino</u>		
	8. RELIGION <u>Rom. Cath.</u>		
	9a. Total number of children born alive: <u>02</u>		
	b. No. of children still living including this birth: <u>02</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Assistant Professor</u>		
	11. Age at the time of this birth: <u>34</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Visca Baybay Leyte</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Edgardo B. Tulin</u>		
	14. CITIZENSHIP <u>Filipino</u>		
	15. RELIGION <u>Rom. Cath.</u>		
	16. OCCUPATION <u>Associate Professor</u>		
	17. Age at the time of this birth: <u>33</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 29, 1993 at Manila</u>			
19a. ATTENDANT <u>X</u> 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 the child who was born alive at <u>1:30pm</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Address <u>Baybay, Leyte</u> Name in Print <u>DR. REGINO PALERMO JR.</u> Title or Position <u>Attending Physician</u> Date <u>August 9, 1995</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Baybay, Leyte</u> Name in Print <u>EDGARDO TULIN</u> Relationship to the child <u>Father</u> Date <u>August 14, 1995</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIBEL B. LASACA</u> Title or Position <u>Clerk</u> Date <u>August 14, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>NOEL V. MANAGANAS</u> Title or Position <u>L.C.R.</u> Date <u>August 14, 1995</u>	

For OCRG USE ONLY:  
Population Reference No. 2308429021

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	

2330

12 24 93

51000

08149

05917-H3-999RDP-05513-BI001

BEST POSSIBLE IMAGE



T089059179990551303142016001

BReN

03708-A95R903-3

Documentary  
Stamp Tax Paid

Lisa Grace S. Bersal

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar Gen  
Philippine Statistics Authority