



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
**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 Pasig City Registry No. 98-12034  
City/Municipality

CHILD	1. NAME (First) (Middle) (Last) <b>John Soyman Bahandi</b>	FOR OCRG USE ONLY: Population Reference No.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>01 Aug. 98</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>Pasig City General Hospital</b>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.
	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <b>1</b> (first, second, third, etc.)	d. WEIGHT AT BIRTH <b>1,850</b> grams	

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <b>Epifania Soyman Bahandi</b>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	7. CITIZENSHIP <b>Filipino</b>		8. RELIGION <b>United Church of Christ in the Philippines</b>
	9a. Total number of children born alive: <b>1</b>		b. No. of children still living including this birth: <b>1</b>
	c. No. of children born alive but are now dead: <b>0</b>		
	10. OCCUPATION <b>Housewife</b>	11. Age at the time of this birth: <b>33</b> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>Nana Village, Rosario Pasig City</b>		
FATHER	13. NAME (First) (Middle) (Last)		
	14. CITIZENSHIP <b>N/A</b>	15. RELIGION <b>N/A</b>	
	16. OCCUPATION <b>N/A</b>	17. Age at the time of this birth: <b>N/A</b> years	

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

19a. ATTENDANT  
☒ 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 **6:10** o'clock  
on the date stated above.

Signature: *Dra. Maestral*  
Name in Print: **Dra. Maestral**  
Title or Position: **Physician**

Address: **Pasig City Gen. Hospital  
F. Legaspi St. Maybunga, Pasig City**  
Date: **8/17/98**

## 20. INFORMANT

Signature: *Epifania Bahandi*  
Name in Print: **Epifania Bahandi**  
Relationship to the child: **Mother**

Address: **Nana Village, Rosario**  
**Pasig City**  
Date: **8/17/98**

## 21. PREPARED BY

Signature: *M. Camba*  
Name in Print: **M. Camba**  
Title or Position: **R.N.**  
Date: **8/17/98**

22. RECEIVED AT THE OFFICE OF  
THE CIVIL REGISTRAR

Signature: *Juliet B. Javier*  
Name in Print: **JULIETA B. JAVIER**  
Title or Position: **REGISTRATION OFFICER IV**  
Date: **Aug 20 1998**

FOR OCRG USE ONLY:  
Population Reference No.TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR41  
9 0 1 2 0 3 448  
149 50  
0 0 0 0 0 056  
7 4 5 3 061  
162 64  
0 1 1 2 5 668 69 5  
1 770 72 74  
0 1 0 1 0 076 79  
3 9 0 3 281  
7 4 0 3 086 87  
1 1 095088 91  
+ + + + +93  
294  
1

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BEST POSSIBLE IMAGE



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DP000342158

BRn  
07403-A98Q10T-2Documentary  
Stamp Tax Paid

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

