PHILIPPINE STATISTICS AUTHORITY PSN

(Copy for OCRG)

Municipal Form No. 102 (To be accomplished in quadruplicate)
(Revised January 1993)

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: BILIRAN
City/Municipality: NAVAL

Registry No. 94-1248

REMARKS/ANNOTATION

FOR OCRG USE ONLY
Population Reference No.: 7808-A94U204-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 4 0 1 2 4 8

CHILD

1. NAME — (First) ERN OLIVER — (Middle) GARREON — (Last) BALONDO

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 02 OCTOBER 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) NAVAL DISTRICT HOSPITAL — (City/Municipality) NAVAL — (Province) BILIRAN

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) 3rd. (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3039 grams

42: 1

MOTHER

6. MAIDEN NAME — (First) EDITA — (Middle) — (Last) GARREON

7. CITIZENSHIP: FILIPINO

8. RELIGION: PIC

49: 1 50: 0 7 1 0 9 4

9a. Total number of children born alive: 03

b. No. of children still living including this birth: 03

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

56: 7 8 0 8 9

10. OCCUPATION: HOUSEKEEPER

11. Age at the time of this birth: 33 years

61: 1

12. RESIDENCE (House No., Street, Barangay) — (City/Municipality) MASAGONGSONG KAWAYAN — (Province) BILIRAN

62: 0 3 64: 3 8 3 9

FATHER

13. NAME — (First) ERNESTO — (Middle) — (Last) BALONDO

14. CITIZENSHIP: FILIPINO

15. RELIGION: PIC

65: 1 66: 1

16. OCCUPATION: FARMER

17. Age at the time of this birth: 37 years

70: 0 7 72: 0 3 74: 7 0

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20 JUNE 1985 - ALMERIA, LEYTE

76: Z 2 0 78: 3 3

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

81: 7 8 0 6 0

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

Signature: [signature]
Name in Print: AIDA F. OLLERAS, M.D.
Title or Position: Medical Officer III
Address: Naval District Hospital
Date: October 2, 1994

85: 1 87: 1

20. INFORMANT
Signature: [signature]
Name in Print: ERNESTO BALONDO
Relationship to the child: Father
Address: Masagongsong Kawayan
Date: October 2, 1994

89: 6 1 1 91: 3 7

21. PREPARED BY
Signature: [signature]
Name in Print: OLEGARIO J. SABONSOLIN
Title or Position: Medical Record Clerk II
Date: Oct. 2, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: [illegible] P. CABILI
Title or Position: CIVIL REGISTRAR
Date: 07 NOV 1994

93: 1 1010 11-07-94

94: 1

05974-3C-402BBR-00901-BI084

BEST POSSIBLE IMAGE

T4020597440200901051020160 84
GK200620948

BReN
07808-A94U203-1

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