(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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. 95-1114

**REMARKS/ANNOTATION**

For OCRG USE ONLY
Population Reference No. 03708A95GJ01-3

TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR

41: 9 5 1 1 1 2
48: 1
49: 1
50: 1 8 0 5 5
56: 1 1 8 1
61: 1
62: 4
64:
68:
69:
70:
72:
74:
76: 1 3 3
79:
81: 1 7 3 1 5
86: 1
87: 1
88: 1 2
91: 0 7
93: 1
95: 1

## CHILD

1. NAME — (First) EURICE ED — (Middle) DE LA CRUZ — (Last) MANGAOANG

2. SEX — X 1 Male ____ 2 Female

3. DATE OF BIRTH — (day) (month) (year) 18 April 1995

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) DR. PALERMO'S CLINIC — (City/Municipality) Baybay, Leyte — (Province)

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 — 2722 grams

## MOTHER

6. MAIDEN NAME — (First) Yolanda — (Middle) B. — (Last) De la Cruz

7. CITIZENSHIP — fil.

8. RELIGION — Rc.

9a. Total number of children born alive: 3

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

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) Visca — (City/Municipality) Baybay, Leyte — (Province)

## FATHER

13. NAME — (First) Eduardo — (Middle) O. — (Last) Mangaoang

14. CITIZENSHIP — fil.

15. RELIGION — Rc.

16. OCCUPATION — Associate Professor

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

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 2, 1987 — Davao City

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 the child who was born alive at 12:07 p.m. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: DR. REGINO PALERMO JR.
Title or Position: Physician
Address: Baybay, Leyte
Date: April 18, 1995

20. INFORMANT

Signature: [signature]
Name in Print: DR. EDUARDO MANGAOANG
Relationship to the child: Father
Address: Visca, Baybay, Leyte
Date: May 10, 1995

21. PREPARED BY

Signature: [signature]
Name in Print: DEBORAH L. BAYNO
Title or Position: clerk
Date: May 10, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: NOEL V. MANAGBANAG
Title or Position: M.C.R.
Date: May 10, 1995

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23516
05 10 95

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BEST POSSIBLE IMAGE

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EP400529870

BReN
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National Statistician and Civil Registrar General
Philippine Statistics Authority