(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. 99-1651

CHILD

1. NAME — (First) FELIX JOHN (Middle) TUTOR (Last) AMESTOSO
2. SEX — x 1 Male ___ 2 Female
3. DATE OF BIRTH — (day) 23 (month) June (year) 1999
4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Dr. Palermo's Clinic (City/Municipality) Baybay, Leyte (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) — 3rd (first, second, third, etc.)
d. WEIGHT AT BIRTH — 3,118.5 grams

MOTHER

6. MAIDEN NAME — (First) Nilda (Middle) H. (Last) Tutor
7. CITIZENSHIP — Fil.
8. RELIGION — Protestant
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: 35 years
12. RESIDENCE — (House No., Street, Barangay) VISCA (City/Municipality) Baybay, Leyte (Province) Leyte

FATHER

13. NAME — (First) Felix (Middle) J. (Last) Amestoso
14. CITIZENSHIP — Fil.
15. RELIGION — Protestant
16. OCCUPATION — Assoc. Prof.
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.) — October 25, 1990 Baybay, Leyte

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 7:07 a.m. o'clock am/pm on the date stated above.
Signature: [signature] Address:
Name in Print: Dr. Regino V. Palermo Jr.
Title or Position: Physician Date: June 23, 1999

20. INFORMANT
Signature: [signature] Address:
Name in Print: Felix Amestoso
Relationship to the child: Father Date: June 25, 1999

21. PREPARED BY
Signature: [signature]
Name in Print: Deborah D. Bayno
Title or Position: Clerk
Date: June 25, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: Noel V. Manggapang
Title or Position: M.C.R.
Date: June 25, 1999

For OCRG USE ONLY:
Population Reference No.
[illegible] 401-6

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 9 0 1 8 1
48: 1
49: 1
50:
56:
61:
62: 0 3
64: 3 1 1 8
68: 1
69: 1
70: 0 3
72: 0 3
74: 0 0
76: 1 3 4
79: 3 5
81: 2 2 0 8 5
86: 1
87: 1
88: 1 3 4
91: 3 8
93: 1 10/25/99
94: 1 06/25/1999

2590

07095-H3-999MVA-03176-BI001

BEST POSSIBLE IMAGE

T0890709599903176060520190O1

NN700854824

BReN
03708-A99LP01-4

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