

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines

CERTIFICATE OF LIVE BIRTH

(Fill out carefully, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 15a.)

Province <u>Leyte</u>		Registry No. <u>94-349</u>
City/Municipality <u>Abuyog</u>		
1. NAME (First, Middle, Last) <u>ANGELITA BONAYAG ORIAS</u>		
2. SEX ☒ Male ☐ Female		3. DATE OF BIRTH (day, month, year) <u>27 Feb. 1994</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) <u>Balocawebay Abuyog Leyte</u>		
5a. TYPE OF BIRTH ☒ Single ☐ Twin ☐ Triplet		5b. IF MULTIPLE BIRTH, CHILD WAS ☐ First ☐ Second ☐ Others, Specify
6. BIRTH ORDER (Indicate child's order of birth) <u>4th</u>		7. WEIGHT AT BIRTH (in grams) <u>2722</u>
8. MOTHER'S NAME (First, Middle, Last) <u>Carolina J. Bonayag</u>		
9. CITIZENSHIP <u>Phil.</u>		10. RELIGION <u>R.O.</u>
11. No. of children still living including this birth: <u>4</u>		12. No. of children born alive but are now dead: <u>0</u>
13. OCCUPATION <u>Housekeeper</u>		14. Age at the time of this birth: <u>36</u> years
15. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) <u>Balocawebay Abuyog Leyte</u>		
16. NAME (First, Middle, Last) <u>Rufino N. Orias</u>		
17. CITIZENSHIP <u>Phil.</u>		18. RELIGION <u>R.O.</u>
19. OCCUPATION <u>Rice Farmer</u>		20. Age at the time of this birth: <u>38</u> years
21. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment of Paternity at the back.) <u>April 19, 1989 - Baybay, Leyte</u>		
22. ATTENDANT ☒ 1. Physician ☐ 2. Nurse ☐ 3. Midwife ☒ 4. Midwife (Traditional/Midwife) ☐ 5. Others (Specify)		
23. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:15</u> o'clock on the date stated above.		
24. SIGNATURE OF MIDWIFE/ATTENDANT Signature: <u>MARCIANA P. Peda</u> Address: _____ Name in Print: <u>MARCIANA P. Peda</u> Date: _____ Title or Position: <u>T. Halot</u>		
25. INFORMANT Signature: <u>MARCIANA P. Peda</u> Address: _____ Name in Print: <u>MARCIANA P. Peda</u> Date: _____ Relationship to the child: <u>T. Halot</u>		
26. PREPARED BY Signature: <u>ARNULFO S. ESTANISLAO</u> Address: _____ Name in Print: <u>ARNULFO S. ESTANISLAO</u> Date: _____ Title or Position: <u>CLERK</u>		
27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>HARRISSA A. CUMPIO</u> Address: _____ Name in Print: <u>Mun. Civil Registrar</u> Date: _____ Title or Position: <u>5-8-94</u>		

REMARKS/ANNOTATION

FOR USE IN THE
Population RegisterTO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

94 00349

1

1 270294

37010

1

64 2122

1 1

04 04 00

220 36

37010

1 1

611 30

1

OCRG No. 10-0716473
September 20, 2010MS. EDITA R. ORCILA
Chief, Document Management Division

PURSUANT TO THE DECISION RENDERED BY MCR HARRISSA A. CUMPIO DATED MAY 28, 2010 AND AFFIRMED BY CRG UNDER OCRG NO. 10-0716473, THE CHILD'S MIDDLE NAME AND MOTHER'S LAST NAME ARE HEREBY CORRECTED FROM "BONAYAG" TO "BANAYAG"; THE MOTHER'S MIDDLE NAME IS LIKEWISE CORRECTED FROM "J." TO "JACA"; AND THE FATHER'S MIDDLE NAME IS LIKEWISE CORRECTED FROM "N." TO "NAYRE".

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BEST POSSIBLE IMAGE



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M300613526

BRen

03701-A94DT05-0

Carmelita N. ERICTA

Administrator and Civil Registrar General
National Statistics OfficeVISAYAS STATE UNIVERSITY
VISCA, BAYBAY CITY, LEYTE
OFFICE OF THE UNIVERSITY REGISTRAR
CERTIFIED TRUE COPY OF THE ORIGINALELIEZER L. VELASCO
UNIVERSITY REGISTRAR