PHILIPPINE STATISTICS AUTHORITY

(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: Ormoc City

Registry No. 98-5482

For OCRG USE ONLY: Population Reference No. 198Y101-C

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) JOSE CELSO (Middle) SIEGA (Last) PEREZ, JR.

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH: (day) 1 (month) December (year) 1998

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Ormoc Maternity & Children's Hospital (City/Municipality) Ormoc City (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): 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3629 grams

MOTHER

6. MAIDEN NAME: (First) AIMA (Middle) LARAN (Last) SIEGA

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

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

10. OCCUPATION: Cashier

11. Age at the time of this birth: 28 years

12. RESIDENCE: (House No., Street, Barangay) Brgy. Cwak (City/Municipality) Ormoc City (Province) Leyte

FATHER

13. NAME: (First) JOSE CELSO (Middle) TUNDAG (Last) PEREZ

14. CITIZENSHIP: Filipino

15. RELIGION: R.C.

16. OCCUPATION: Multicab driver

17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
August 22, 1995 @ Ormoc 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 9:08 a.m. o'clock am/pm on the date stated above.

Signature: ROSEMARIE B. CAN, M.D.
Name in Print: OB-GYNE
Title or Position:
Address: Ormoc Maternity & Children's Hospital
Date:

20. INFORMANT
Signature:
Name in Print: ALMA PEREZ
Relationship to the child: Mother
Address: Brgy. Cwak, Ormoc City
Date:

21. PREPARED BY
Signature:
Name in Print: JANET D. PEPITO
Title or Position: Finance Officer-I
Date: December 4, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: DELIA L. PITOGO
Title or Position: Registration Officer-IV
Date: 12-9-98

41: 98 01 V R 18 V
48: 1
49: 1
50: 01 1 V 73
56: 1 V 3 8 V
61: 1
62: 1 1
64: 3 6 2 9
68: 1
69: 1
70: 1 1
72: 1 1
74: 1 1
76: 3 V 3
79: 1 1
81: 3 7 3 8 V
86: 1
87: 1
1860
88: 9 8 V
91: 3 V
93: 1
1

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BEST POSSIBLE IMAGE

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BReN
03738-A98Y102-8

Documentary
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JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)