(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.: 95 - 24[illegible]

CHILD

1. NAME (First) MARJORIE (Middle) BUQUIRAN (Last) BUG-ATAN

2. SEX: ___ 1 Male x 2 Female

3. DATE OF BIRTH (day) (month) (year): 18th September 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay): Western Leyte Provincial Hospital (City/Municipality): Baybay (Province): Leyte

5a. TYPE OF BIRTH: x 1 Single ___ 2 Twin ___ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First 4th 2 Second ___ 3 Others, Specify ___

c. BIRTH ORDER (live births and fetal deaths including this delivery): 4th (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3,060 grams

MOTHER

6. MAIDEN NAME (First) Marissa (Middle) Casal (Last) Buquiran

7. CITIZENSHIP: Fil

8. RELIGION: RC

9a. Total number of children born alive: 4

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

c. No. of children born alive but are now dead: 1

10. OCCUPATION: Housewife

11. Age at the time of this birth: 35 years

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

FATHER

13. NAME (First) Jose (Middle) Duarte (Last) Bug-atan

14. CITIZENSHIP: Fil

15. RELIGION: RC

16. OCCUPATION: Farmer

17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
October 19, 1984 — Mahaplag, Leyte

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:30AM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: Antonina M. Ruiz, M.D.
Title or Position: Medical Officer
Address: WLPH Baybay, Leyte
Date: 9/18/95

20. INFORMANT
Signature: [signature]
Name in Print: Jose D. Bug-atan
Relationship to the child: Father
Address: Mahaplag, Leyte
Date: 9/18/95

21. PREPARED BY
Signature: [signature]
Name in Print: Apolinario B. Impuesto
Title or Position: Clerk
Date: 9/18/95

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: Noel V. Manabanag
Title or Position: L.C.R.
Date: OCT 02 1995

For OCRG USE ONLY:
Population Reference No.: 3708A95TJ03-21

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 | 48 | 49 | 50 | 56 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 76 | 79 | 81 | 86 | 87 | 88 | 91 | 93 | 94

0540

101984
37317
100291

08223-C4-999R18-08140-BI001

BEST POSSIBLE IMAGE

T08908223999081400707 2022001

XP400506047

BReN
03708-A95TJ02-6

Documentary Stamp Tax Paid

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