(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: Eastern Samar
City/Municipality: Borongan

Registry No. 9600322

For OCRG USE ONLY:
Population Reference No. 2604-A96E701-6

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) RENATO (Middle) ACABO (Last) DAGANTA JR.

2. SEX: X 1 Male ____ 2 Female

3. DATE OF BIRTH: (day) 7 (month) March (year) 1996

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Sabang South (City/Municipality) Borongan (Province) Eastern Samar

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): 5 (first, second, third, etc.)

d. WEIGHT AT BIRTH: 9 lbs. ____ grams

MOTHER

6. MAIDEN NAME: (First) Ma. Flor (Middle) Cuenan (Last) Acabe

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 5

b. No. of children still living including this birth: 5

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

10. OCCUPATION: Employee

11. Age at the time of this birth: 30 years

12. RESIDENCE: (House No., Street, Barangay) Sabang South (City/Municipality) Borongan (Province) Eastern Samar

FATHER

13. NAME: (First) Renato (Middle) Labutap (Last) Daganta

14. CITIZENSHIP: Filipino

15. RELIGION: R.C.

16. OCCUPATION: Employee

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.)
March 24, 1988, Borongan, E. Samar

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:33 a.m. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: NENITA A. CARVAJAL
Title or Position: Mun. Health Midwife
Address: Borongan, E. Samar
Date: 3-11-96

20. INFORMANT
Signature: [signature]
Name in Print: MA. FLOR A. DAGANTA
Relationship to the child: Mother
Address: Sabang S., Borongan, E. Samar
Date: 3-11-96

21. PREPARED BY
Signature: [signature]
Name in Print: NENITA A. CARVAJAL
Title or Position: Mun. Health Midwife
Date: 3-11-96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ROLANDO R. [illegible]
Title or Position: MUN. CIVIL REGISTRAR
Date: [illegible]

41	9 6 0 0 3 2 2
48	1
49	1
50	0 7 0 3 9 6
56	2 6 0 4 7
61	1
62	0 5
64	7 0 8 2
68	1
69	1
70	0 5
72	0 5
74	96
76	X20 3 8 6
79	0 3 9
81	2 6 0 4 7
86	1
87	1 3170 3170
88	X20 3 8 6
91	3 1
93	1
94	3 03/24/1988 26047 03/14/1996

07086-HB-402AGG-01445-BI011
BEST POSSIBLE IMAGE

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BReN
02604-A96E701-4

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