


 Municipal Form No. 102
 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

 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 SOUTHERN LEYTE
 City/Municipality SOGOD
Registry No. 96-50

REMARKS/ANNOTATION

CHILD	1. NAME (First) (Middle) (Last) <u>NICK</u> <u>FREDDY</u> <u>RANQUE</u> <u>BELLO</u>	For OCRG USE ONLY: Population Reference No. <u>647-A96A901-6</u>	
	2. SEX <u>X</u> 1 Male <u> </u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>9</u> <u>JAN.</u> <u>1996</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>SOGOD DISTRICT HOSP.</u> <u>SOGOD</u> <u>SOUTHERN LEYTE</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>3 rd.</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>6.5</u> <u>lbs</u>		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>CECILIA</u> <u>ESCAMIS</u> <u>RANQUE</u>	41 <u> </u>	
	7. CITIZENSHIP <u>FIL.</u>	48 <u>1</u>	
	8. RELIGION <u>ROMAN CATHOLIC</u>	49 <u>1</u> 50 <u> </u>	
	9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	56 <u>647-170</u>
FATHER	10. OCCUPATION <u>HOUSEWIFE</u>	61 <u>1</u>	
	11. Age at the time of this birth: <u>33</u> years	62 <u>02</u> 64 <u>70</u>	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>NAHULID,</u> <u>LIBACON</u> <u>SOUTHERN LEYTE</u>	68 <u>1</u> 69 <u>1</u>	
	13. NAME (First) (Middle) (Last) <u>LORENZO</u> <u>IDJAO</u> <u>BELLO</u> <u>II.</u>	70 <u>10</u> 72 <u> </u> 74 <u>10</u>	
14. CITIZENSHIP <u>FIL.</u>	15. RELIGION <u>ROMAN CATHOLIC</u>	76 <u>2</u> 78 <u>26</u>	
16. OCCUPATION <u>NONE</u>	17. Age at the time of this birth: <u>30</u> years	81 <u>647-055</u>	

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

MAY 18, 1991 LIBACON PARISH CHURCH

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 11:45 pm o'clock
 am/pm on the date stated above.

 Signature [Signature] Address SOGOD DISTRICT HOSP.
 Name in Print ISABELITA B. MATO, M.D. SOGOD SOUTHERN LEYTE
 Title or Position MEDICAL OFFICER III Date JAN. 11, 1996

20. INFORMANT

 Signature [Signature] Address NAHULID, LIBACON
 Name in Print CECILIA R. BERSALES SOUTHERN LEYTE
 Relationship to the child MOTHER Date JAN. 11, 1996

21. PREPARED BY

 Signature [Signature]
 Name in Print MA. CLARA BERAÑDE
 Title or Position REG. MIDWIFE
 Date JAN. 11, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

 Signature [Signature]
 Name in Print LISA D. REYES
 Title or Position LOCAL CIVIL REGISTRAR
 Date 1/17/96
For OCRG USE ONLY:
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR41 48 149 156 647-17061 162 0268 170 1076 281 647-05586 188 29093 194 1

05/891

64055

91796

06002-7E-402MAA-01006-BI001

BEST POSSIBLE IMAGE



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06417-A96A901-4

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority