(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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: BONTOC
Registry No. 96-140

CHILD

1. NAME (First): BEATRIZ NICOLLE (Middle): ABLAT (Last): OPPUS
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 31 January 1996
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province): TALISAY BONTOC SOUTHERN LEYTE
5a. TYPE OF BIRTH: ___ 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) (first, second, third, etc.): 1ST
d. WEIGHT AT BIRTH: 2,555 grams

MOTHER

6. MAIDEN NAME (First): ANNELLIENE (Middle): ABLAT (Last): OPPUS
7. CITIZENSHIP: FILIPINO
8. RELIGION: ROMAN CATHOLIC
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: HOUSEKEEPER
11. Age at the time of this birth: 17 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): TALISAY BONTOC SOUTHERN LEYTE

FATHER

13. NAME (First) (Middle) (Last):
14. CITIZENSHIP:
15. RELIGION:
16. OCCUPATION:
17. Age at the time of this birth: ___ years

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

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse X 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 2:25 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: Nelia C. Haglind
Title or Position: Rural Health Midwife
Address: POBLACION, BONTOC SOUTHERN LEYTE
Date: February 22/96

20. INFORMANT
Signature: [signature]
Name in Print: ANNELLIENE A. OPPUS
Relationship to the child: MOTHER
Address: TALISAY BONTOC SOUTHERN LEYTE
Date: February 22/96

21. PREPARED BY
Signature: [signature]
Name in Print: Nelia C. Haglind
Title or Position: Rural Health Midwife
Date: February 22/96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: IMELDA A. GORDULE
Title or Position: ASST. REG. OFFICER
Date: Feb. 26, 1996

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 6 0 0 1 4 0
48: 1
49: 1 50: 3 1 0 1 9 6
56: 6 4 0 2 2
61: 1
62: 0 1 64: 2 5 5 5
68: 1 69: 1
70: 0 1 72: 0 1 74: 0 0
76: 0 2 0 79: 1 4
81: 0 0 0 1 2
86: 4 87: 1 1200
88: 4 7 7 91: 4 1
93: 2
94: 3
022696

06788-1H-402JBM-00450-BI001

BEST POSSIBLE IMAGE

T402067884020045008022018001

BReN
06402-A96BX02-0

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National Statistician and Civil Registrar General
Philippine Statistics Authority