PHILIPPINE STATISTICS AUTHORITY PSA

(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: Leyte
City/Municipality: Baybay
Registry No.: 96-2449

REMARKS/ANNOTATION

CHILD

1. NAME: (First) ALEXANDER (Middle) LALUNA (Last) CABRAL JR.
2. SEX: x 1 Male ____ 2 Female
3. DATE OF BIRTH: (day) 10 (month) Oct., (year) 1996
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Western Leyte Provincial Hospital (City/Municipality) Baybay, Leyte (Province)
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): FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3,300 grams

MOTHER

6. MAIDEN NAME: (First) LYDIA (Middle) NUEGO (Last) LALUNA
7. CITIZENSHIP: Fil.
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: Housewife
11. Age at the time of this birth: 33 years
12. RESIDENCE: (House No., Street, Barangay) Brgy. Maganhan (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME: (First) ALEXANDER (Middle) TORIBIO (Last) CABRAL
14. CITIZENSHIP: Fil.
15. RELIGION: R.C.
16. OCCUPATION: O.C.W.
17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 2, 1983 Mabalacat, Pampanga

19a. ATTENDANT
x 1 Physician x 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 9:17 A.M. o'clock am/pm on the date stated above.
Signature: [signature] REGINA C. FULVADORA, M.D.
Name in Print: REGINA C. FULVADORA, M.D.
Title or Position: Medical Officer
Address: WLPH Baybay, Leyte
Date: Oct., 10, 1996

20. INFORMANT
Signature: [signature]
Name in Print: [illegible]
Relationship to the child: mother
Address: Brgy. Maganhan Baybay, Leyte
Date: Oct. 10, 1996

21. PREPARED BY
Signature: [signature]
Name in Print: MARY ANN B. ARBILLON
Title or Position: O.R. Nurse
Date: Oct. 10, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NOEL V. MANAGBANAG
Title or Position: L.C.R.
Date: OCT 21 1996

For OCRG USE ONLY:
Population Reference No.: [illegible]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: [illegible]
48: [illegible]
49: [illegible] 50: [illegible]
56: [illegible]
61: [illegible]
62: [illegible] 64: [illegible]
68: [illegible] 69: [illegible]
70: [illegible] 72: [illegible] 74: [illegible]
76: [illegible] 79: [illegible]
81: [illegible]
86: [illegible] 87: 2990
88: [illegible] 91: [illegible]
93: 524098
94: 05/02/83 10/21/96

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BEST POSSIBLE IMAGE
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BReN
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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority