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.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Baybay
Registry No.: 2000-2029

CHILD

1. NAME (First): ATHENA VALERIE (Middle): CORBITA (Last): CASANGCAPAN
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 6 November 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): WLPH (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 ___ 2 Second ___ 3 Others, Specify ___
c. BIRTH ORDER (live births and fetal deaths including this delivery): 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3,360 grams

MOTHER

6. MAIDEN NAME (First): Cora (Middle): N. (Last): Corbita
7. CITIZENSHIP: filipino
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: HW
11. Age at the time of this birth: 29 years
12. RESIDENCE (House No., Street, Barangay): Yakal Cottage (City/Municipality): ViSCA, Baybay (Province): Leyte

FATHER

13. NAME (First): Manuel (Middle): E. (Last): Casangcapan
14. CITIZENSHIP: filipino
15. RELIGION: R.C.
16. OCCUPATION: teaching
17. Age at the time of this birth: 39 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 29, 2000-ViSCA,Baybay,Leyte

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 1:05 am o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: REGINA C. FULVADORA,MD
Title or Position: Medical Officer III
Address: WLPH.,Baybay,Leyte
Date: November 6, 2000

20. INFORMANT
Signature: [signature]
Name in Print: MANUEL CASANGCAPAN
Relationship to the child: father
Address: VISCA,Baybay,Leyte
Date: November 6, 2000

21. PREPARED BY
Signature: [signature]
Name in Print: TERESITA V. MARCOS
Title or Position: Clerk I
Date: November 6, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NOEL P. [illegible]
Title or Position: M.C.R.
Date: 11-28-2000

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

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

B0003[illegible]
06112000
01 3360
01 01 20
1360
01/29/2000
37085
11-28-2000

06719-6H-402ALL-00447-BI001

BEST POSSIBLE IMAGE

T402067194020044705252018001

BReN
03708-B00X601-4

Documentary Stamp Tax Paid

[signature]
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority