

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
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 <u>Samar</u>		Registry No. <u>95-176</u>	
City/Municipality <u>Sta. Margarita</u>			
1. NAME (First) (Middle) (Last) <u>SAMUEL</u> <u>O.</u> <u>BIRNALDEZ</u>			
2. SEX ☒ 1 Male ☐ 2 Female			
3. DATE OF BIRTH (day) (month) (year) <u>03</u> <u>March</u> <u>1981</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Hgy. Palale,</u> <u>Sta. Margarita,</u> <u>Samar</u>			
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.) <u>3rd</u>			
d. WEIGHT AT BIRTH <u>3175</u> grams			
6. MAIDEN NAME (First) (Middle) (Last) <u>Elena</u> <u>Santiago</u> <u>Olinas</u>			
7. CITIZENSHIP <u>Filipino</u>			
8. RELIGION <u>Rom. Cath.</u>			
9a. Total number of children born alive: <u>03</u>			
b. No. of children still living including this birth: <u>03</u>			
c. No. of children born alive but are now dead: <u>00</u>			
10. OCCUPATION <u>Housekeeper</u>			
11. Age at the time of this birth: <u>32</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Hgy. Palale,</u> <u>Sta. Margarita,</u> <u>Samar</u>			
13. NAME (First) (Middle) (Last) <u>Safronio</u> <u>Penaso</u> <u>Birnaldez</u>			
14. CITIZENSHIP <u>Filipino</u>			
15. RELIGION <u>Rom. Cath.</u>			
16. OCCUPATION <u>Coastal Fishing</u>			
17. Age at the time of this birth: <u>31</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 5, 1976</u> <u>Guindulman, Bohol</u>			
19a. ATTENDANT ☐ 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 <u>8:00 PM</u> o'clock am/pm on the date stated above. Signature <u>Deceased</u> Address <u>Hgy. Lambao, Sta. Margarita, Samar</u> Name in Print <u>AZUCENA</u> Title or Position <u>Traditional Midwife</u> Date			
20. INFORMANT Signature <u>Elena Birnaldez</u> Address <u>Manganesa, Guindulman, Bohol</u> Name in Print <u>Elena O. Birnaldez</u> Relationship to the child <u>mother</u> Date <u>July 21, 1995</u>			
21. PREPARED BY Signature <u>NORITA P. VILLASAS</u> Name in Print <u>NORITA P. VILLASAS</u> Title or Position <u>LCA Registry clerk</u> Date			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>TOMAS S. GARA, JR.</u> Name in Print <u>TOMAS S. GARA, JR.</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>8-1-95</u>			

PURSUANT TO THE DECISION RENDERED BY MCR TOMAS S. GARA, JR. DATED SEPTEMBER 13, 2002 AND AFFIRMED BY CRG UNDER OCRG # 36563, THE CHILD'S, FATHER'S AND INFORMANT'S LAST NAME IS HEREBY CORRECTED FROM BIRNALDEZ TO BERNALDEZ.

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MS. EDITOR ORILLA
Chief, Data and Management Division
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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

