(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. [illegible]

CHILD

1. NAME (First) [illegible] (Middle) [illegible] (Last) [illegible]
2. SEX ____ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year) 27th August 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Western Leyte Provincial Hospital (City/Municipality) Baybay (Province) 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 4th
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 4 th
d. WEIGHT AT BIRTH 2,940 grams

MOTHER

6. MAIDEN NAME (First) Imelda (Middle) Cuaton (Last) Bulawan
7. CITIZENSHIP Fil
8. RELIGION RC
9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0
10. OCCUPATION Housewife
11. Age at the time of this birth: 28 years
12. RESIDENCE (House No., Street, Barangay) San Isidro (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME (First) Medel (Middle) Perez (Last) Bandalan
14. CITIZENSHIP Fil
15. RELIGION RC
16. OCCUPATION Farmer
17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 28, 1985 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 8:15AM o'clock am/pm on the date stated above.
Signature [signature]
Name in Print Loreto I. Cumagting, M.D.
Title or Position Medical Officer IV
Address WLPH Baybay, Leyte
Date 8/27/95

20. INFORMANT
Signature Imelda Bandalan
Name in Print Imelda Bandalan
Relationship to the child Mother
Address San Isidro Baybay, Leyte
Date 8/27/95

21. PREPARED BY
Signature [signature]
Name in Print E. Albarico
Title or Position Staff Nurse
Date 8/27/95

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print Noel V. anangbarag
Title or Position L.C.R.
Date 9/8/95

REMARKS/ANNOTATION

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

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41, 48, 49, 50, 58, 61, 62, 64: 2940, 68, 69, 70, 72, 74, 78, 79, 81: 37 d 8, 85, 87, 3320, 88, 91: 35, 93, 94

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3 7785
09 209

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Philippine Statistics Authority