



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b></p> <p align="center">(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)</p>					
Province <u>Leyte</u>		Registry No. <u>AE 7749</u>			
City/Municipality <u>Baybay</u>					
CHILD	1. NAME (First) <u>DYANA ROSE</u> (Middle) <u>TARIPE</u> (Last) <u>MILLEZA</u>		For OCRG USE ONLY: Population Reference No. <u>12081957205-2</u>		
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>2nd</u> September 199 <u>5</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Western Leyte Provincial Hospital</u> <u>Baybay</u> <u>Leyte</u>				
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,740</u> grams		
MOTHER	6. MAIDEN NAME (First) <u>Starla</u> (Middle) <u>Guia</u> (Last) <u>Pianonte</u> <u>Taripe</u>		41 <u>1</u> 42 <u>1</u> 43 <u>1</u> 44 <u>1</u> 45 <u>1</u> 46 <u>1</u> 47 <u>1</u> 48 <u>1</u> 49 <u>1</u> 50 <u>1</u> 51 <u>1</u> 52 <u>1</u> 53 <u>1</u> 54 <u>1</u> 55 <u>1</u> 56 <u>1</u> 57 <u>1</u> 58 <u>1</u> 59 <u>1</u> 60 <u>1</u> 61 <u>1</u> 62 <u>1</u> 63 <u>1</u> 64 <u>1</u> 65 <u>1</u> 66 <u>1</u> 67 <u>1</u> 68 <u>1</u> 69 <u>1</u> 70 <u>1</u> 71 <u>1</u> 72 <u>1</u> 73 <u>1</u> 74 <u>1</u> 75 <u>1</u> 76 <u>1</u> 77 <u>1</u> 78 <u>1</u> 79 <u>1</u> 80 <u>1</u> 81 <u>1</u> 82 <u>1</u> 83 <u>1</u> 84 <u>1</u> 85 <u>1</u> 86 <u>1</u> 87 <u>1</u> 88 <u>1</u> 89 <u>1</u> 90 <u>1</u> 91 <u>1</u> 92 <u>1</u> 93 <u>1</u> 94 <u>1</u> 95 <u>1</u> 96 <u>1</u> 97 <u>1</u> 98 <u>1</u> 99 <u>1</u> 100 <u>1</u>		
	7. CITIZENSHIP <u>Fil</u>		8. RELIGION <u>RC</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>24</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Gabas</u> <u>Baybay</u> <u>Leyte</u>				
FATHER	13. NAME (First) <u>Lorenzo</u> (Middle) <u>Gofredo</u> (Last) <u>Milleza</u>		61 <u>1</u> 62 <u>1</u> 63 <u>1</u> 64 <u>1</u> 65 <u>1</u> 66 <u>1</u> 67 <u>1</u> 68 <u>1</u> 69 <u>1</u> 70 <u>1</u> 71 <u>1</u> 72 <u>1</u> 73 <u>1</u> 74 <u>1</u> 75 <u>1</u> 76 <u>1</u> 77 <u>1</u> 78 <u>1</u> 79 <u>1</u> 80 <u>1</u> 81 <u>1</u> 82 <u>1</u> 83 <u>1</u> 84 <u>1</u> 85 <u>1</u> 86 <u>1</u> 87 <u>1</u> 88 <u>1</u> 89 <u>1</u> 90 <u>1</u> 91 <u>1</u> 92 <u>1</u> 93 <u>1</u> 94 <u>1</u> 95 <u>1</u> 96 <u>1</u> 97 <u>1</u> 98 <u>1</u> 99 <u>1</u> 100 <u>1</u>		
	14. CITIZENSHIP <u>Fil</u>		15. RELIGION <u>RC</u>		
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>35</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 6, 1995</u> <u>Visca, Baybay, Leyte</u>				
	19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:12AM</u> o'clock am/pm on the date stated above.					
Signature <u>Milleza</u> Name in Print <u>Antonina R. Ruiz, M.D.</u> Title or Position <u>Medical Officer</u>		Address <u>WLPH</u> <u>Baybay, Leyte</u> Date <u>9/2/95</u>			
20. INFORMANT Signature <u>Guia</u> Name in Print <u>Guia Milleza</u> Relationship to the child <u>Mother</u>		Address <u>Gabas</u> <u>Baybay, Leyte</u> Date <u>9/2/95</u>			
21. PREPARED BY Signature <u>Marvin</u> Name in Print <u>Marvin Arbilon</u> Title or Position <u>CR Nurse</u> Date <u>9/2/95</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Marvin</u> Name in Print <u>Marvin Arbilon</u> Title or Position <u>CR Nurse</u> Date <u>9/2/95</u>			

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority