PHILIPPINE STATISTICS AUTHORITY PSA

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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: Southern Leyte
City/Municipality: Maasin
Registry No.: 99-82

For OCRG USE ONLY: Population Reference No.: 6407-A98YX01-9

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 9 0 0 0 8 2

48: 1

49: 1 50: 3 1 1 2 9 8

56: 6 4 0 7 1

61: 1

62: 0 4 64: 3 2 0 0

68: 1 69: 1

70: 0 4 72: 0 4 74: 0 0

76: 1 9 9 79: 3 1

81: 6 4 0 7 1

86: 1 87: 1

88: 1 3 9 91: 3 8

93: 1 01/18/92

94: 1 64071 01/06/99 0810

CHILD

1. NAME: (First) William (Middle) Alaan (Last) Cruz

2. SEX: X 1 Male ____ 2 Female

3. DATE OF BIRTH (day) (month) (year): 31 Dec. 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): IPHO, Maasin, So. 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): 4th (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3,200 grams

MOTHER

6. MAIDEN NAME: (First) Asuncion (Middle) Leyson (Last) Alaan

7. CITIZENSHIP: Fil.

8. RELIGION: R.C.

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: Gov't Employee

11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Mn. Clara, Maasin, So. Leyte

FATHER

13. NAME: (First) Rufo (Middle) Rodriguez (Last) Cruz

14. CITIZENSHIP: Fil.

15. RELIGION: R.C.

16. OCCUPATION: Teacher

17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): Jun. 18, 1992 Maasin, So. 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 9:46 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: LOURA B. KAPILI, M.D.
Title or Position: Private Physician
Address: Tunga-tunga, Maasin So. Leyte
Date: 12/31/98

20. INFORMANT

Signature: [signature]
Name in Print: Rufo Cruz
Relationship to the child: Father
Address: Mn. Clara, Maasin, So. Leyte
Date: 12/31/98

21. PREPARED BY

Signature: [signature]
Name in Print: LILIBETH A. ABUCEJO
Title or Position: OB Nurse
Date: 12/31/98

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: LUDMILA TELEN-ABO
Title or Position: MUNICIPAL CIVIL REGISTRAR-DESIGNATE
Date: 1/6/99

07488-32-402JDM-00240-BI001

BEST POSSIBLE IMAGE

T4020748840200240070220200001

F0900115428

BReN
06407-A98YX01-8

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CDSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority