Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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. 97-582

CHILD

1. NAME (First) NOESSA (Middle) CAMPOMANES (Last) DAVID
2. SEX ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year) 6th, March, 1997
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 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) THIRD (first, second, third, etc.)

d. WEIGHT AT BIRTH 2,940 grams

MOTHER

6. MAIDEN NAME (First) PERLITA (Middle) BANDILLA (Last) CAMPOMANES
7. CITIZENSHIP Fil.
8. RELIGION R.C.

9a. Total number of children born alive: 3

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife
11. Age at the time of this birth: 33 years
12. RESIDENCE (House No., Street, Barangay) Uted, Guadalupe, (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME (First) WILBERT (Middle) DATA (Last) DAVID
14. CITIZENSHIP Fil.
15. RELIGION R.C.
16. OCCUPATION
17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 29, 1992 BAYBAY, LEYTE

19a. ATTENDANT
X 1 Physician X 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 7:20 P.M. o'clock am/pm on the date stated above.

Signature
Name in Print JUAN PADRESANO, M.D.
Title or Position Medical Officer III
Address WLPH Baybay, Leyte
Date March 6, 1997

20. INFORMANT
Signature
Name in Print WILBERT D. DAVID
Relationship to the child Father
Address Uted, Guadalupe Baybay, Leyte
Date March 6, 1997

21. PREPARED BY
Signature
Name in Print IDA TORREFRANCA
Title or Position C.R. Nurse
Date March 6, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print NOEL V. MANAGBANAG
Title or Position M.C.R.
Date MAR 10 1997

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48 1

49 50

56

61 1

62 64

68 1 69 1

70 72 74

76 79

81

86 1 87 1 3340

88 91

93 1 37085 05-29-92

94 1 03-10-97

06765-F4-402MFL-00587-BI002

BEST POSSIBLE IMAGE

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