PHILIPPINE STATISTICS AUTHORITY

(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.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Ormoc City
Registry No.: 2000-2888

For OCRG USE ONLY:
Population Reference No.: 37X-B0CJL07-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) JOSHUA LLOYD (Middle) YAP (Last) ALEGRE
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH: (day) 20 (month) May (year) 2000
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Ormoc Maternity & Children's Hospital (City/Municipality) Ormoc City (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): 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3175 grams

MOTHER

6. MAIDEN NAME: (First) ANA MARIE (Middle) MAGALLANES (Last) YAP
7. CITIZENSHIP: Filipino
8. RELIGION: R.C.
9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Vendor
11. Age at the time of this birth: 22 years
12. RESIDENCE: (House No., Street, Barangay) Cwak (City/Municipality) Ormoc City (Province) Leyte

FATHER

13. NAME: (First) JONATHAN (Middle) CABOTAWO (Last) ALEGRE
14. CITIZENSHIP: Filipino
15. RELIGION: R.C.
16. OCCUPATION: Vendor
17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): March 8, 2000 @ Ormoc City

19a. ATTENDANT
___ 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 1:53 a.m. o'clock am/pm on the date stated above.
Signature:
Name in Print: DINA CAPALA
Title or Position: Nurse
Address: Ormoc Maternity & Children's Hospital
Date:

20. INFORMANT
Signature:
Name in Print: JONATHAN ALEGRE
Relationship to the child: Father
Address: Cwak, Ormoc City
Date:

21. PREPARED BY
Signature:
Name in Print: JANET P. GHIONG
Title or Position: Finance Officer-I
Date: June 7, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: DELIA L. PITOGO
Title or Position: Registration Officer-IV
Date: 6/7/2000

41: B 0 0 0 2 8 8
48: 1
49: 1
50: 7 0 0 5 0 0
56: 3 7 3 8 2
61: 1
62: 0 1
64: 3 1 7 5
69: 1
69: 1
70: 0 1
72: 0 1
74: 0 0
76: 4 5 2
79: 2 2
81: 3 7 3 8 2
86: 1
87: 1
1320
88: 4 5 2
91: 2 3
93: 1
94: 2

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BEST POSSIBLE IMAGE

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BReN
03738-B00JL01-0

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

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