(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines

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. 94-902

FOR OCRG USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME — (First) Donna Christene — (Middle) Quinlog — (Last) Ramos

2. SEX — ___ 1 Male — X 2 Female

3. DATE OF BIRTH — (day) 10 — (month) April — (year) 1994

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Western Leyte Prov. 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) — Fourth (first, second, third, etc.)

d. WEIGHT AT BIRTH — 2,200 grams

MOTHER

6. MAIDEN NAME — (First) Ma. Nena — (Middle) Bernasor — (Last) Quinlog

7. CITIZENSHIP — Filipino

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 — Instructress

11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) Guadalupe, — (City/Municipality) Baybay, — (Province) Leyte

FATHER

13. NAME — (First) Dany — (Middle) Somoza — (Last) Ramos

14. CITIZENSHIP — Filipino

15. RELIGION — RC

16. OCCUPATION — Agriculturist

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.)
November 16, 1986 — Alecia, Bohol

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 6:55am o'clock am/pm on the date stated above.

Signature [signature]
Name in Print: Josephine Zafico
Title or Position: Medical Officer III
Address: WLPH, Baybay, Leyte
Date: 4/10/94

20. INFORMANT
Signature: Ma. Nena Q. Ramos
Name in Print: Ma. Nena Q. Ramos
Relationship to the child: Mother
Address: Guadalupe, Baybay, Leyte
Date: 4/10/94

21. PREPARED BY
Signature [signature]
Name in Print: Mary Ann Chiong
Title or Position: Nurse II
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print: Noel V. Manggabang
Title or Position: L.C.R.
Date: APR 19 1994

47	9 4 0 0 9 0 2
48	1
49 50	2 1 0 0 4 9 4
36	3 7 0 8 5
51	1
52 54	0 4 2 2 0 0
68 69	1 1
70 72 74	0 4 0 4 0 0
76 79	1 3 7 2 9
81	3 7 0 8 5
86 87	1 1
88 91	0 5 3 3 0
93	1 1230
94	4

05253-FA-402MAA-00557-BI006

BEST POSSIBLE IMAGE

T4020525340200557052020140O6

MI500381187

BReN
03708-A94HA07-2

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

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