



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1999)		(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, 10, and 15a.)			
Province <u>QUEZON</u> City/Municipality <u>ORMOG</u>		Registry No. <u>99-2972</u>	
CHILD	1. NAME (First) (Middle) (Last) <u>MARTIN JUNE BRILLO CASATUN</u>	2. SEX <u>1</u> Male <u>2</u> Female	3. DATE OF BIRTH (Day) (Month) (Year) <u>01</u> June <u>1999</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) (House No., Street, Barangay) <u>North of Marikina City</u>	5a. TYPE OF BIRTH <u>1</u> 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> Other, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1</u>	d. WEIGHT AT BIRTH <u>3442</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>ATINA MORTES BRILLO</u>	7. CITIZENSHIP <u>1</u> Filipino <u>2</u> Alien	8. RELIGION <u>1</u> Catholic <u>2</u> Other
MOTHER	9a. Total number of children born alive: <u>3</u>	9b. No. of children still living including this birth: <u>3</u>	9c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>1</u> None <u>2</u> Other	11. Age at the time of this birth: <u>0</u> years	
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>North of Marikina City</u>	13. NAME (First) (Middle) (Last) <u>JOSEPH BRILLO CASATUN</u>	14. CITIZENSHIP <u>1</u> Filipino <u>2</u> Alien
	15. RELIGION <u>1</u> Catholic <u>2</u> Other	16. OCCUPATION <u>1</u> None <u>2</u> Other	17. Age at the time of this birth: <u>0</u> years
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acknowledge and date of Acknowledgment/Admission of Paternity at the back.) <u>01/01/1999</u> <u>North of Marikina City</u>		
19a. ATTENDANT (Physician) (Nurse) (Midwife) (Traditional Healer) (Other (Specify)) <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Traditional Healer <u>5</u> Other (Specify)		19b. CERTIFICATION OF BIRTH (This is to certify that the child was born on the date and place stated above.) <u>1</u> Yes <u>2</u> No	
20. INFORMANT (Physician) (Nurse) (Midwife) (Traditional Healer) (Other (Specify)) <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Traditional Healer <u>5</u> Other (Specify)		21. PREPARED BY (Physician) (Nurse) (Midwife) (Traditional Healer) (Other (Specify)) <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Traditional Healer <u>5</u> Other (Specify)	
22. RECEIVED BY THE OFFICE OF THE CIVIL REGISTRAR GENERAL <u>1</u> Yes <u>2</u> No		23. DATE <u>01/01/1999</u>	

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BEST POSSIBLE IMAGE



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Documenter:

Josie B. Perez
JOSIE B. PEREZ
Assistant Secretary