(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: Leyte
City/Municipality: Baybay
Registry No. 96-2143

CHILD

1. NAME — (First) Diana (Middle) Teco (Last) Montes

2. SEX — ___ 1 Male ___X___ 2 Female

3. DATE OF BIRTH — (day) (month) (year) 28 August, 1996

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

d. WEIGHT AT BIRTH 2,790 grams

MOTHER

6. MAIDEN NAME — (First) Esmeralda (Middle) Berleo (Last) Teco

7. CITIZENSHIP Fil.

8. RELIGION Jehovah

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 Govt. employee

11. Age at the time of this birth: 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) N. L. Quezon St., Baybay, Leyte

FATHER

13. NAME — (First) Danice (Middle) C. (Last) Montes

14. CITIZENSHIP Fil.

15. RELIGION Jehovah

16. OCCUPATION Chief Baker

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

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) July 22, 995 Hiddang, Leyte

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 9:13pm o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: Regina Fulvadora, M.D.
Title or Position: Medical Officer III
Address: WLPH, Baybay, Leyte
Date: 8/28/96

20. INFORMANT

Signature: [signature]
Name in Print: Esmeralda T. Montes
Relationship to the child: Mother
Address: N. L. Quezon St., Baybay, Leyte
Date: 8/28/96

21. PREPARED BY

Signature: [signature]
Name in Print: Camila Marquinez
Title or Position: Nursing Attendant
Date: 8/28/96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: Neal T. Panagsagan
Title or Position: M.C.R.
Date: September 12, 1996

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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49 [1] 50 [ ][ ][ ][ ][ ]
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86 [ ] 87 [ ] 1700
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94 [1] C7/22/95 09/12/96

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office