



(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 <u>INOPACAN</u>		Registry No. <u>9400373</u>		
City/Municipality				
CHILD	1. NAME (First) <u>MARIANNE JOYCE</u> (Middle) <u>LUZON</u> (Last) <u>DE CATMAN</u>		For OCRG USE ONLY: Population Reference No. <u>9400373</u>	
	2. SEX <u>X</u> 1. Male <u>X</u> 2. Female		3. DATE OF BIRTH (day) (month) (year) <u>08</u> <u>SEPTEMBER</u> <u>1994</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Brgy. Guadalupe</u> <u>Inopacan</u> <u>Leyte</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH <u>1</u> 1. Single <u>1</u> 2. Twin <u>2</u> 3. Triplet, etc. <u>3</u>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> 1. First <u>1</u> 2. Second <u>2</u> 3. Others, Specify <u>3</u>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>3rd child</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams	
MOTHER	6. MAIDEN NAME (First) <u>ANITA</u> (Middle) <u>SAPIN</u> (Last) <u>LUZON</u>			
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
	9a. Total number of children born alive: <u>03</u>		b. No. of children still living including this birth: <u>03</u>	
	10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>34</u> years	
	12. RESIDENCE (House No., Street, Barangay) <u>Brgy. Guadalupe</u> (City/Municipality) <u>INOPACAN</u> (Province) <u>LEYTE</u>			
FATHER	13. NAME (First) <u>NESTOR</u> (Middle) <u>LUZON</u> (Last) <u>DE CATMAN</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
	16. OCCUPATION <u>ELECTRICIAN</u>		17. Age at the time of this birth: <u>36</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>DECEMBER 20, 1984</u> <u>Inopacan, Leyte</u>				
19a. ATTENDANT <u>X</u> 1. Physician <u>X</u> 2. Nurse <u>X</u> 3. Midwife <u>X</u> 4. Healer (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:00</u> <u>a.m.</u> <u>o'clock</u> <u>am/pm</u> on the date stated above. Signature <u>[Signature]</u> Address <u>Inopacan, Leyte</u> Name in Print <u>LOZ ARAPO</u> Title or Position <u>R.N.M.</u> Date <u>September 8, 1994</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Inopacan, Leyte</u> Name in Print <u>CONCHITA LUZON</u> Relationship to the child <u>GRANDMOTHER</u> Date <u>September 8, 1994</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>PIETRO D. RESUENA</u> Title or Position <u>CIVIL REGISTRY ASST. I</u> Date <u>SEPTEMBER 12, 1994</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>PIETRO D. RESUENA</u> Title or Position <u>CIVIL REGISTRY ASST. I</u> Date <u>SEPTEMBER 12, 1994</u>				

08945-9B-999CBC-02408-BI001

BEST POSSIBLE IMAGE



T089089459990240806272024001

TR500701088

BRen
03721-A94T801-8Documentary
Stamp Tax Paid

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

