



Municipal Form No. 102  
(Revised 1983)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in in or typewriter)

(To be accomplished in Triplicate)

PROVINCE Leyte LOCAL CIVIL REGISTRY NO. 93-605  
CITY / MUNICIPALITY Baybay

1. NAME (First) (Middle) (Last)  
CHARMAGNE FAITH FELICILDA CAPUNO

2. SEX (Place 'X' on appropriate answer) DATE OF BIRTH (Day) (Month) (Year)  
1 Male X 2 Female 17 March 1993

4. PLACE OF (Name of hospital/institution; if not in hospital, (City/Municipality) (Province)  
BIRTH give street/barangay) PALERMO'S CLINIC Baybay Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS  
X 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
Lufina L. Felicilda Fil. Rc.

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
Othello B. Capuno Fil. Rc.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)  
Date May 8, 1990 Place Pasay, Metro Manila

13. CERTIFICATE OF ATTENDANT AT BIRTH 6:27 P.M.  
I hereby certify that I attended the birth of the child who was born alive at 6 o'clock an/pm on the date stated above.

Signature DR. REGINO PALERMO JR. Address Baybay, Leyte  
Name in print Res. Physician Date 3-17-93  
Title or position

14. INFORMANT Address Visca, Baybay, Leyte  
Signature Othello Capuno  
Name in print Father Date 3-18-93  
Relationship to child

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature DEBORAH L. BAYNO Signature NOEL V. MANAGBANAG  
Name in print Clerk Name in print L.C.R. 1410  
Title or position 3-18-93 Title or position 3-18-93  
Date

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIES

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled cut at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| PROVINCE <u>Leyte</u>   |  | Local Civil Registry  |  | Registration Status  |  |
| CITY / MUNICIPALITY <u>Baybay</u>   |  | <u>9300605</u>  |  | <u>1</u>   |  |
| 17. Weight of Birth (In grams) <u>3628.8</u>  |  | 18. Birth Order of Child Ex. first, second, etc. <u>1st</u>         |  | <u>01</u>  |  |
| 19a. Total Number of Children Born Alive <u>01</u>                                  |  | b. How many children are now living including this birth? <u>01</u> |  | c. How many children were born alive but are now dead? <u>00</u> |  |
| 20. Usual Occupation <u>Instructor</u>  |  | 21. Age at the time of this Birth <u>35</u>                         |  | <u>35</u>  |  |
| 22. Usual Residence <u>Visca, Baybay, Leyte</u>                                     |  | 23. Usual Occupation <u>Professor</u>                               |  | 24. Age at the time of this Birth <u>37</u>                      |  |
| 25. Attendant of Birth (Place 'X' on appropriate answer)                            |  | 26. Date of Birth <u>170393</u>                                     |  | 27. Place of Birth <u>37085</u>                                  |  |
| <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot <u>5</u> Others |  | 28. Mother's Nationality <u>1</u>                                   |  | 29. Father's Nationality <u>1</u>                                |  |
| Sex <u>2</u> Date of Birth <u>170393</u>  |  | 30. Mother's Nationality <u>1</u>                                   |  | 31. Father's Nationality <u>1</u>                                |  |
| NAME OF CHILD   |  | First   |  | Last   |  |
| <u>CHARMAGNE FAITH F. CAPUNO</u>  |  | <u>CHARMAGNE FAITH</u>  |  | <u>F. CAPUNO</u>   |  |

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BEST POSSIBLE IMAGE



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Documentary  
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*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

