(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: SOUTHERN LEYTE
City/Municipality: ST. BERNARD
Registry No. 97-693

CHILD

1. NAME — (First) MARJORIE (Middle) ERALINO (Last) TIMBAL
2. SEX — ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year) — 09 NOVEMBER 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) — MALIBAGO, ST. BERNARD, SOUTHERN 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 — 3402 grams

MOTHER

6. MAIDEN NAME (First) REBECCA (Middle) ALFARO (Last) ERALINO
7. CITIZENSHIP — FILIPINO
8. RELIGION — ROMAN CATHOLIC
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 — HOUSEKEEPER
11. Age at the time of this birth: 33 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) — MALIBAGO, ST. BERNARD, SOUTHERN LEYTE

FATHER

13. NAME (First) RICHARD (Middle) FELIMINIANO (Last) TIMBAL
14. CITIZENSHIP — FILIPINO
15. RELIGION — ROMAN CATHOLIC
16. OCCUPATION — LABORER
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.)
APRIL 22, 1995 - ST. BERNARD, SOUTHERN LEYTE

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse ___ 3 Midwife
X 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 5:00 o'clock am/pm on the date stated above.
Signature: Euhelma Sabalo
Name in Print: EUHELMA SABALO
Title or Position: TRADITIONAL MIDWIFE
Address: MALIBAGO, ST. BERNARD, SOUTHERN LEYTE
Date: NOVEMBER 18, 1997

20. INFORMANT
Signature: Felicidad Ylagan
Name in Print: FELICIDAD YLAGAN
Relationship to the child: NEIGHBOR
Address: MALIBAGO, ST. BERNARD, SOUTHERN LEYTE
Date: NOVEMBER 18, 1997

21. PREPARED BY
Signature:
Name in Print: MA. GRACIA M. DANGGALAN
Title or Position: MCR-Clerk
Date: NOVEMBER 18, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: CATALINA L. ESQUIJO
Title or Position: MUN. CIVIL REGISTRAR
Date: NOVEMBER 18, 1997

1320

11-18-97

For OCRG USE ONLY:
Population Reference No. 142-A97X901-3

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	9 7 0 0 6 9 3
48	1
49	2
50	0 9 1 1 8 7
56	0 4 1 2 1
61	1
62	0 4
64	3 4 0 2
68	1
69	1
70	0 4
72	0 4
74	0 0
76	2 2 0
79	3 3
81	0 4 1 2 1
86	1
87	1
88	9 9 9
91	2 9
93	1 04-22-95
94	4 0 4 1 2 1

07171-9E-402POG-00174-BI001

BEST POSSIBLE IMAGE

T4020717140200174082020190O1

ON100281292

BReN
06412-A97X901-5

Documentary
Stamp Tax Paid

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