PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102
(Revised 1993)

(To be accomplished in triplicate)

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

LOCAL CIVIL REGISTRY NO. 93-233

PROVINCE Leyte
CITY/MUNICIPALITY Baybay

1. NAME — (First) Florence Adelyn (Middle) Oquias (Last) Armada

2. SEX (Place 'X' on appropriate answer) — 1 Male X 2 Female

3. DATE OF BIRTH — (Day) 15 (Month) January, (Year) 1993

4. PLACE OF BIRTH — (Name of Hospital/Institution: If not in hospital, give street/barangay) Western Leyte Prov. Hospital, (City/Municipality) Baybay, (Province) Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) — X 1 Single 2 Twin 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS — ____ 1 First ____ 2 Second ____ Third, 4th, etc.

FATHER / MOTHER

	(First)	(Middle)	(Last)		
6. MAIDEN NAME	Amalia	N.	Oquias	7. NATIONALITY: Fil.	8. RELIGION: RC
9. NAME	Fernando	A.	Armada	10. NATIONALITY: Fil.	11. RELIGION: RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill affidavit of Acknowledgement at the back) — May 20, 1992 — Baybay, Leyte

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:10 pm *o'clock a.m. / p.m. on the date stated above.*

Signature
Name in print Azucena B. Mirambel, M.D.
Title or position Resident Physician
Address WLPH, Baybay, Leyte
Date 1/15/93

14. INFORMANT

Signature Amalia Armada
Name in print Amalia Armada
Relationship to child Mother
Address Bo. Gabas, Baybay, Leyte
Date 1/15/93

15a. PREPARED BY

Signature
Name in print Camila Hermianos
Title or position Nursing Attendant
Date 1/15/93

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature
Name in print Noel V. Cruchanag
Title or position OIC
Date JAN 21 1993

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

d. DATE WHEN INFORMATION WAS SUPPLIED 3800

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

Registration ____

Local Civil Registry No. 9 3 0 2 3 3 — Status 1 (15)

PROVINCE Leyte
CITY / MUNICIPALITY Baybay

CHILD

17. Weight at Birth (In grams) 2,700gms — 2 7 0 0 (16)

18. Birth Order of Child Ex. first, second, etc. 1st — 0 1 (20)

MOTHER

19a. Total number of Children Born Alive 0 1 (22)

b. How many children are now living including this birth? 0 1 (24)

c. How many children were born alive but are now dead? 0 0 (26)

20. Usual Occupation: Teaching — 1 3 9 (28)

21. Age at the time of this Birth 33 — 3 3 (31)

22. Usual Residence (Barangay) Bo. Gabas, (City / Municipality) Baybay, (Province) Leyte — 3 7 0 8 6 (33)

FATHER

23. Usual Occupation: Engineer — 0 2 9 (38)

24. Age at the time of this Birth 30 — 3 0 (41)

25. Attendant of Birth (Place 'X' on appropriate answer) — ____ 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot ____ 5 Others — 1 (43)

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
2 (44)	1 5 0 1 1 9 9 3 (45)	3 7 0 8 5 (51)	1 (56)	1 (57)

NAME OF CHILD

First	M. I.	Last
FLORENCE ADE (58)	O (70)	ARMADA (71)

RESERVED FOR BINDING

05919-33-402MAA-00666-BI003

BEST POSSIBLE IMAGE

T4020591940200666031620160003

CK600914300

BReN
03708-A93BF02-7

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority