(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: [illegible]
Registry No.: 99- 1978

For OCRG USE ONLY: Population Reference No.: [illegible]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) JERICHO (Middle) BONITO (Last) DECANO
2. SEX: x 1 Male ___ 2 Female
3. DATE OF BIRTH: (day) 11 (month) July (year) 1999
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Dr. Cabal's Clinic (City/Municipality) Isabel (Province) 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): One (first, second, third, etc.)
d. WEIGHT AT BIRTH: 2720 grams

MOTHER

6. MAIDEN NAME: (First) Marissa (Middle) H. (Last) [illegible]
7. CITIZENSHIP: Filipino
8. RELIGION: Rom. Cath.
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: ___
10. OCCUPATION: Telephone operator
11. Age at the time of this birth: 25 years
12. RESIDENCE: (House No., Street, Barangay) [illegible] (City/Municipality) [illegible] (Province) [illegible]

FATHER

13. NAME: (First) Rey (Middle) [illegible] (Last) [illegible]
14. CITIZENSHIP: Filipino
15. RELIGION: Rom. Cath.
16. OCCUPATION: seaman
17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): July 27, 1990 at Isabel, 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 7:55 p.m. o'clock am/pm on the date stated above.
Signature: [illegible] Address: Isabel, Leyte
Name in Print: Dr. Alfredo Cabal Date: July 11, 1999
Title or Position: Gen. Physician

20. INFORMANT
Signature: [illegible] Address: Isabel, Leyte
Name in Print: Marissa H. Decano Date: July 21, 1999
Relationship to the child: Mother

21. PREPARED BY
Signature: [illegible]
Name in Print: Julia S. Ilis
Title or Position: Clerk
Date: July 20, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [illegible]
Name in Print: NO. [illegible]
Title or Position: [illegible]
Date: July 26, 1999

41: 9 9 0 1 9 2 8
48: 1
49: 1 50: 1 1 3 7 9 9
56: 2 2 2 8 5
61: 1
62: 0 2 64: 2 - 2 2
68: 1 69: 1
70: 2 2 72: 2 2 74: 2 2
76: 2 7 0 78: 3 0
81: 2 7 0 4 7
85: 1 87: 1 2990
88: 2 7 1 91: 3 4
93: 1 07/27/99 37085
94: 1 07/26/19

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BEST POSSIBLE IMAGE

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Philippine Statistics Authority