Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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: Baybay
Registry No. 97-7449

CHILD

1. NAME (First) Arlée Jen (Middle) Capa (Last) Avellana
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) - (month) (year): 18 November 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Western Leyte Prov. Hospital, Baybay, 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): 3rd (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3,300 grams

MOTHER

6. MAIDEN NAME (First) Josephine (Middle) S. (Last) Capa
7. CITIZENSHIP: Fil.
8. RELIGION: RC
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Government emp.
11. Age at the time of this birth: 32 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Poblacion, Mahaplag, Leyte

FATHER

13. NAME (First) Edgardo (Middle) Suarez (Last) Avellana
14. CITIZENSHIP: Fil.
15. RELIGION: RC
16. OCCUPATION: Laborer
17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 17, 1987 Baybay, Leyte

19a. ATTENDANT
X 1 Physician ___ 2 Nurse ___ 3 Midwife
___ 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 5:50am o'clock am/pm on the date stated above.

Signature ___
Name in Print: Juan Padrinque, M.D.
Title or Position: Medical Officer III
Address: WLPH, Baybay, Leyte
Date: 11-18-97

20. INFORMANT
Signature ___
Name in Print: Josephine Avellana
Relationship to the child: Mother
Address: Poblacion Mahaplag, Leyte
Date: 11-18-97

21. PREPARED BY
Signature ___
Name in Print: Teresita Tello
Title or Position: Nurse
Date: 11-18-97

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ___
Name in Print: Noel V. Managbanag
Title or Position: MCR
Date: 11-20-97

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 7Jeff97XV07-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

Item	Code
41	9702949
48	1
49	2
50	181197
56	12085
61	1
62	03
64	3300
68	1
69	1
70	03
72	03
74	02
76	384 (X20)
79	32
81	37317
86	1
87	1
88	099
91	31
93	1
94	1

0620

01/17/87
37085
12/2/97

06954-DA-402MAR-00455-BI001

BEST POSSIBLE IMAGE

T402069544020045501152019001
UM200937600

BReN
03708-A97XJ02-4

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