Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Baybay
Registry No. 96-1781

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 6 0 5 1 8 1

CHILD

1. NAME: (First) IVAN JOSEPH (Middle) BANAYAG (Last) GUMAOD

2. SEX: ____ 1 Male ____ 2 Female

3. DATE OF BIRTH: (day) 31 (month) Oct., (year) 1996

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Western Leyte Provincial Hospital (City/Municipality) Baybay (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): FOURTH (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2,600 grams

48: 1

MOTHER

6. MAIDEN NAME: (First) FELINA (Middle) LLANO (Last) BANAYAG

7. CITIZENSHIP: Fil.

8. RELIGION: R.C.

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: CDO Telecom

11. Age at the time of this birth: 39 years

12. RESIDENCE: (House No., Street, Barangay) VISCA, (City/Municipality) Baybay, Leyte (Province)

49: 1 50:

56:

61: 1

62: 0 4 64:

FATHER

13. NAME: (First) CELSO (Middle) FERNANDEZ (Last) GUMAOD

14. CITIZENSHIP: Fil.

15. RELIGION: R.C.

16. OCCUPATION: Gov't. Employee

17. Age at the time of this birth: 39 years

68: 69: 1

70: 72: 74:

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): June 2, 1982 HILONGOS, LEYTE

76: 79:

19a. ATTENDANT: X 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot (Traditional Midwife) ____ 5 Others (Specify)

81:

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 7:30 A.M. o'clock am/pm on the date stated above.

Signature: [signature] Name in Print: AUGENA P. MIRAMBEL, M.D. Title or Position: M.S.I
Address: WLPH Baybay, Leyte Date: Oct. 31, 1996

86: 87: 01410

20. INFORMANT

Signature: [signature] Name in Print: CELSO F. GUMAOD Relationship to the child: Father
Address: VISCA Baybay, Leyte Date: Oct., 31, 1996

88: 91:

21. PREPARED BY

Signature: [signature] Name in Print: IDA TORREFRANCA Title or Position: O.R. Nurse Date: Oct., 31, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature] Name in Print: NOEL V. MANACBANAG Title or Position: L.C.R. Date: NOV 06 1996

93: 37192 06-02-82

94: 11-06-96

07326-47-991HBD-00451-BI001
BEST POSSIBLE IMAGE

T0800732699100451012220200001

C0200900365

BReN
03708-A96UX01-5

Documentary
Stamp Tax Paid

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