



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 18a.)

Province <u>Laguna</u>		Registery No. <u>96-06063</u>
City/Municipality <u>TACLOBAN</u>		
1. NAME (First) <u>PSDRERA</u> (Middle) <u>ABUDA</u> (Last)		
2. SEX ☒ Male ☐ Female		
3. DATE OF BIRTH <u>28</u> day (month) <u>Oct</u> (year) <u>1996</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) <u>SAINT JOHN'S HOSPITAL MEDICAL CENTER</u> (City/Municipality) <u>TACLOBAN CITY</u> (Province)		
5a. TYPE OF BIRTH ☒ Single ☐ Twin ☐ 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) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,300</u> grams
6. MAIDEN NAME (First) <u>PSDRERA</u> (Middle) <u>ABUDA</u> (Last)		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>
9a. Total number of children born alive <u>2</u>		b. No. of children still living including this birth <u>2</u>
		c. No. of children born alive but are now dead <u>0</u>
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth <u>32</u> years
12. RESIDENCE (House No., Street, Barangay) <u>Brgy. Holychild 11, "Langalang," ayto</u> (City/Municipality) <u>TACLOBAN</u> (Province)		
13. NAME (First) <u>JONAS</u> (Middle) <u>ABUDA</u> (Last)		
14. CITIZENSHIP <u>Filipino</u>		
15. RELIGION <u>Catholic</u>		
16. OCCUPATION <u>PNP</u>		
17. Age at the time of this birth <u>31</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Supt. 23, 1993- Jaro, ayto</u>		
19a. ATTENDANT ☒ 1. Physician ☐ 2. Nurse ☐ 3. Midwife ☐ 4. Healer (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 _____ o'clock am/pm on the date stated above.) Signature <u>EVREAC</u> Address <u>TACLOBAN CITY</u> Name in Print <u>EVREAC</u> Title or Position <u>Specialist III</u> Date <u>10-29-96</u>		
20. INFORMANT Signature <u>ABUDA</u> Address <u>Brgy. Holychild 11, "Langalang," ayto</u> Name in Print <u>ABUDA</u> Relationship to the child <u>mother</u> Date <u>10-29-96</u>		
21. PREPARED BY Signature <u>OLIVIA A. CUMPIO</u> Name in Print <u>OLIVIA A. CUMPIO</u> Title or Position <u>CLERK III</u> Date <u>10-29-96</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>MRS. REMONDO D. ROMERO</u> Name in Print <u>CITY CIVIL REGISTRAR</u> Title or Position <u>CLERK III</u> Date <u>NOV 27 1996</u>

For OCRG USE ONLY:
Population Reference No.

3747-19641108-9

TO BE FILED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

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INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT
CHILD'S FIRST NAME: "CARLO JUDE"

MANEZA, JR. GRANDE
(Officer-in-Charge)
Assistant National Statistician
Civil Registration Service

08069-D1-402ALL-00472-BI001

BEST POSSIBLE IMAGE



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Documentary
Stamp Tax Paid

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