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(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 Baybay

Registry No. 701-1126

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 6 | 48 1 | 49 | 50 | 55 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 76 | 78 | 81 | 86 | 87 2360 | 88 | 91 | 93 11-17-94 .370 | 94 5-10-01

CHILD

1. NAME — (First) Janice (Middle) E. (Last) Petalcorin

2. SEX — ___ 1 Male — X 2 Female

3. DATE OF BIRTH — (day) Fifteen (year) Two thousand one

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) WLPH (City/Municipality) Baybay (Province) Leyte — 24 April 2001

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) ___ (first, second, third, etc.)

d. WEIGHT AT BIRTH ___ grams

MOTHER

6. MAIDEN NAME — (First) Amelita (Middle) E. (Last) Legaray

7. CITIZENSHIP — Filipino

8. RELIGION — RC

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: ___

10. OCCUPATION — H.W.

11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)

FATHER

13. NAME — (First) Juan (Middle) N. (Last) Petalcorin

14. CITIZENSHIP — Filipino

15. RELIGION — RC

16. OCCUPATION — Farmer

17. Age at the time of this birth: 45 years

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

November 17, 1994, Baybay, Leyte

19a. ATTENDANT

___ 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 7:55 a.m. o'clock am/pm on the date stated above.

Signature ___
Name in Print JUAN PADILGANO, MD
Title or Position Med. Officer III
Address WPMH, Baybay
Date Baybay, Leyte 4,2001

20. INFORMANT

Signature Amelita E. Petalcorin
Name in Print AMELITA PETALCORIN
Relationship to the child Mother
Address Gen. Bacalso
Date Leyte

21. PREPARED BY

Signature ___
Name in Print TERESITA V. MARCOS
Title or Position Clerk I
Date April 24, 2

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature ___
Name in Print ___
Title or Position ___
Date ___

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BEST POSSIBLE IMAGE

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