



(Copy for OCRG)

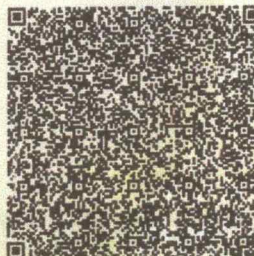
Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)				
Province <u>Bayte</u>		Registry No. <u>701-1126</u>		
City/Municipality <u>Baybay</u>				
CHILD	1. NAME (First) (Middle) (Last)		For OCRG USE ONLY: Population Reference No.	
	2. SEX <u>Janice</u> 1 Male 2 Female		3. DATE OF BIRTH (day) <u>1</u> (month) <u>11</u> (year) <u>2001</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) <u>24</u> (Province) <u>2001</u> House No., Street, Barangay)		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH <u>WLBH</u> 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) (Middle) (Last) <u>2,9</u>		41	
	7. CITIZENSHIP <u>Amelita</u> E.		48	
	8. RELIGION <u>Lugaray</u>		49 50	
	9a. Total number of children born alive: <u>4</u>		b. No. of children still living including this birth: <u>4</u>	
	c. No. of children born alive but are now dead: _____		51	
FATHER	10. OCCUPATION _____		11. Age at the time of this birth: <u>25</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		52 54	
	13. NAME (First) (Middle) (Last) <u>Baybay</u> <u>Eyte</u>		55 56	
	14. CITIZENSHIP <u>Juan</u> N.		57 58	
	15. RELIGION <u>Catholic</u>		59 60	
16. OCCUPATION <u>Pinoy</u>		17. Age at the time of this birth: <u>45</u> years		61 62 63 64
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 17, 1994, Baybay, Leyte</u>				65 66 67 68
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)				69 70 71 72 73 74
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.				75 76 77 78 79
Signature _____ Address _____ Name in Print <u>MAN PADRIGANO, MD</u> Title or Position <u>Med. Officer III</u> Date <u>May 1, 2001</u>				80 81 82 83 84
20. INFORMANT Signature <u>Amelita L. Petalcorin</u> Name in Print <u>AMELITA PETALCORN</u> Relationship to the child <u>mother</u> Address <u>Baybay, Leyte</u> Date _____				85 86 87 88 89 90
21. PREPARED BY Signature _____ Name in Print <u>TERESITA V. MARCOS</u> Title or Position <u>Chief</u> Date <u>April 24, 2002</u>				91 92 93 94 95 96
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____				97 98 99 100

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