PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

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 Ormoc City

Registry No. 2000-2888

For OCRG USE ONLY:
Population Reference No. 37%-B0CJL07-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: B0002889

CHILD

1. NAME (First) JOSHAM LLOYD (Middle) YAP (Last) ALEGRE

2. SEX — X 1 Male ____ 2 Female

3. DATE OF BIRTH (day) (month) (year) 20 May 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ Residence (No., Street, Barangay)) (City/Municipality) (Province) Ormoc Maternity & Children's Hospital Ormoc City 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) 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH 3175 grams

48: 1

49: 1 — 50: 700500

MOTHER

6. MAIDEN NAME (First) ANA MARIE (Middle) MAGALLANES (Last) YAP

7. CITIZENSHIP Filipino

8. RELIGION R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

56: 37382

10. OCCUPATION Vendor

11. Age at the time of this birth: 22 years

61: 1

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

62: 01 — 64: 3175

FATHER

13. NAME (First) JONATHAN (Middle) CARCIANO (Last) ALEGRE

14. CITIZENSHIP Filipino

15. RELIGION R.C.

68: 1 — 69: 1

16. OCCUPATION Vender

17. Age at the time of this birth: 23 years

70: 01 — 72: 91 — 74: 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) March 8, 2000 @ Ormoc City

76: 452 — 79: 22

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

81: 37382

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:53 a.m. o'clock am/pm on the date stated above.

Signature
Name in Print VINA CAPALA
Title or Position Nurse
Address Ormoc Maternity & Children's Hospital
Date

86: 1 — 87: 1

1326

20. INFORMANT
Signature
Name in Print JONATHAN ALEGRE
Relationship to the child Father
Address Cwak, Ormoc City
Date

88: 452 — 91: 23

21. PREPARED BY
Signature
Name in Print JANET P. GHIONG
Title or Position Finance Officer-I
Date June 7, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print DELIA L. PITOGO
Title or Position Registration Officer-IV
Date 6/7/2000

93: 1

94: 2

08104-0F-991VCP-01258-BI001

BEST POSSIBLE IMAGE

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NP600846830

BReN
03738-B00JL01-0

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