



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
**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>Leyte</u>		Registry No. <u>94-1057</u>	
City/Municipality <u>Baybay</u>			
<b>1. NAME</b> (First) (Middle) (Last) <u>ANDY PHIL DUATIN CORTES</u>			
<b>2. SEX</b> <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		<b>3. DATE OF BIRTH</b> (day) (month) (year) <u>7th April 1994</u>	
<b>4. PLACE OF BIRTH</b> (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>WESTERN LEYTE PROVINCIAL HOSPITAL Baybay Leyte</u>			
<b>5a. TYPE OF BIRTH</b> <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		<b>b. IF MULTIPLE BIRTH, CHILD WAS</b> <input type="checkbox"/> 1 First <input checked="" type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
<b>c. BIRTH ORDER</b> (live births and fetal deaths including this delivery) (first, second, third, etc.) _____		<b>d. WEIGHT AT BIRTH</b> <u>3,300</u> grams	
<b>6. MAIDEN NAME</b> (First) (Middle) (Last) <u>Joji Grace Yulores Duatin</u>			
<b>7. CITIZENSHIP</b> <u>Fil</u>		<b>8. RELIGION</b> <u>SB</u>	
<b>9a. Total number of children born alive:</b> <u>2</u>		<b>b. No. of children still living including this birth:</b> <u>2</u>	
		<b>c. No. of children born alive but are now dead:</b> <u>0</u>	
<b>10. OCCUPATION</b> <u>Teaching</u>		<b>11. Age at the time of this birth:</b> <u>34</u> years	
<b>12. RESIDENCE</b> (House No., Street, Barangay) (City/Municipality) (Province) <u>Visca Baybay Leyte</u>			
<b>13. NAME</b> (First) (Middle) (Last) <u>Edgardo Salvatiera Cortes</u>			
<b>14. CITIZENSHIP</b> <u>Fil</u>		<b>15. RELIGION</b> <u>RC</u>	
<b>16. OCCUPATION</b> _____		<b>17. Age at the time of this birth:</b> <u>34</u> years	
<b>18. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 19, 1990</u> <u>Christ Baptist Church</u>			
<b>19a. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify _____)			
<b>19b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>7:40AM</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u>		Address <u>MLPH</u>	
Name in Print <u>Azuena P. Mirambel, M.D.</u>		Baybay, Leyte	
Title or Position <u>Medical Specialist</u>		Date <u>4/7/94</u>	
<b>20. INFORMANT</b> Signature <u>[Signature]</u>		Address <u>Visca</u>	
Name in Print <u>Joji Grace Cortez</u>		Baybay, Leyte	
Relationship to the child <u>Mother</u>		Date <u>4/7/94</u>	
<b>21. PREPARED BY</b> Signature <u>[Signature]</u>		<b>22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature <u>[Signature]</u>	
Name in Print <u>Mary Ann Arbilon</u>		Name in Print <u>Noel V. Manahanag</u>	
Title or Position <u>OR Nurse</u>		Title or Position <u>I.C.R.</u>	
Date _____		Date <u>MAY 05 1994</u>	

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BEST POSSIBLE IMAGE



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*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

