(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. 96-2682

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) MA. TERESA (Middle) PLATINO (Last) SECO

2. SEX: x 1 Male ____ 2 Female

3. DATE OF BIRTH: (day) 12 (month) Nov., (year) 1996

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Western Leyte Provincial Hospital (City/Municipality) Baybay (Province) 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) (first, second, third, etc.): SECOND

d. WEIGHT AT BIRTH: 3,040 grams

MOTHER

6. MAIDEN NAME: (First) MA. ELEN (Middle) JANIOLA (Last) PLATING

7. CITIZENSHIP: Fil.

8. RELIGION: R.C.

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

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

10. OCCUPATION: Community Organizer

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

12. RESIDENCE: (House No., Street, Barangay) Brgy. Villa. (City/Municipality) Baybay (Province) Leyte

FATHER

13. NAME: (First) ARNEL (Middle) BILBAO (Last) SECO

14. CITIZENSHIP: Fil.

15. RELIGION: R.C.

16. OCCUPATION: Community Organizer

17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): June 22, 1991 ALICIA, BOHOL

19a. ATTENDANT: x 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 3:27 A.M. o'clock am/pm on the date stated above.

Signature: [signature] Name in Print: REGINA C. PALMOSA, M.D. Title or Position: Medical Officer

Address: RHU Baybay, Leyte Date: Nov., 12, 1996

20. INFORMANT

Signature: [signature] Name in Print: MA. ELEN SECO Relationship to the child: Mother

Address: Brgy. Villa Baybay, Leyte Date: Nov., 12, 1996

21. PREPARED BY

Signature: [signature] Name in Print: CHONA A. FLANCO Title or Position: Nurse I Date: Nov., 12, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature] Name in Print: [illegible] Title or Position: [illegible] Date: November 20, 1996

41: [illegible]
48:
49: 50:
56:
61:
62: 64:
68: 69:
70: 72: 74:
76: 79:
81: 02430
86: 1 87: 02430
88: 91:
93: (R02) 06-22-97
94: 11-20-96

07250-7H-991RJV-00103-BI001

BEST POSSIBLE IMAGE

T0800725099100103110720190O1
VN300867073

BReN
03708-A96XC02-1

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