

(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 13a.)

REMARKS/ANNOTATION  
LATE REGISTRATION  
WITH AFFIDAVIT OF ACKNOWLEDGMENT BY THE FATHER PURSUANT TO R.A. 9255.

Province <u>LEYTE</u>		Registry No. <u>2007-1685</u>
City/Municipality <u>ORMOG CITY</u>		
1. NAME (First) (Middle) (Last) <u>RICHMUND TROY</u> <u>TABIL</u> <u>MALINAO</u>		For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>25</u> <u>JANUARY</u> <u>2000</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>DRY. MADONGDELAN</u> <u>ORMOG</u> <u>LEYTE</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>2722</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>LIZA</u> <u>CARDIDO</u> <u>TABIL</u>		41 48 49 50 58 61 62 64 68 69 70 72 74 76 79 81 86 87 88 91 93
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>H.K.</u>		11. Age at the time of this birth: <u>18</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>DRY. MADONGDELAN</u> <u>ORMOG</u> <u>LEYTE</u>		
13. NAME (First) (Middle) (Last) <u>CIPRIANO II</u> <u>MORALES</u> <u>MALINAO</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>HEAD END OPERATOR</u>		17. Age at the time of this birth: <u>21</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>* NOT MARRIED *</b>		
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Midwife (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:00 p.m.</u> o'clock am/pm on the date stated above.		
Signature <u>I/A</u> Name in Print <u>CERRAIN HILOT</u> Title or Position <u>MIDWIFE</u>		Address <u>DRY. COGON</u> <u>ORMOG CITY</u> Date <u>03-28-2007</u>
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>CIPRIANO M. MALINAO II</u> Relationship to the child <u>FATHER</u>		Address <u>DRY. 26</u> <u>ORMOG CITY</u> Date <u>03-27-2007</u>
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ADA SHEILA J. CARAGA</u> Title or Position <u>CGRS</u> Date <u>MARCH 27, 2007</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ARCHILLES A. SILVA, II, Esq., MPA, IN</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>MARCH 27, 2007</u>

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

