



(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 <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 3a, 5b and 19a.)					
Province <u>Lanao del Norte</u>			Registry No. <u>2008-480</u>		
City/Municipality <u>Lala</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>ANGEL KRISHNA</u> <u>LLOREN</u>		For OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>31 March 2008</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Rebe Lala Lanao del Norte</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>    </u> 2 Twin <u>    </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>    </u> 1 First <u>    </u> 2 Second <u>    </u> 3 Others, Specify <u>    </u>		41 <u>20080480</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams		48 <u>1</u>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Richelle Apat Lloren</u>		49 50 <u>2</u> <u>310308</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years		51 <u>1</u>
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Rebe Lala Lanao del Norte</u>		52 54 <u>013175</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>h/c</u>		53 55 <u>1</u> <u>08</u>		
	14. CITIZENSHIP		15. RELIGION		
	16. OCCUPATION		17. Age at the time of this birth: <u>    </u> years		70 72 74 <u>01</u> <u>01</u> <u>00</u>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
	19a. ATTENDANT <u>    </u> 1 Physician <u>    </u> 2 Nurse <u>X</u> 3 Midwife <u>    </u> 4 Hilot (Traditional Midwife) <u>    </u> 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>5:00Pm</u> o'clock am/pm on the date stated above.)					
Signature <u>[Signature]</u> Name in Print <u>HERMILA M. SALINDO</u> Title or Position <u>Rural Health Midwife</u>		Address <u>Rebe Lala, Lanao del Norte</u> Date <u>14 April 2008</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>RACHELLE A. LLOREN</u> Relationship to the child <u>Mother</u>		Address <u>Rebe Lala, Lanao del Norte</u> Date <u>14 April 2008</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>HERMILA M. SALINDO</u> Title or Position <u>Rural Health Midwife</u> Date <u>14 April 2008</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>AMPARO M. BAYDAL</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>18 April 2008</u>			
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[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

