



(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 _____ City/Municipality <u>MANILA</u>			Registry No. <u>11332</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>ARMEDA</u> <u>BALONGAG</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>20 NOVEMBER 1994</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>JOSE FABELLA MEMORIAL HOSPITAL</u> <u>LOPE DE VEGA ST., STA. CRUZ, MANILA</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	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>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3340</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MARIA LENY M. BALONGAG</u>		41 <u>9993342</u> 48 <u>2</u> 49 <u>2</u> 50 <u>201199</u> 58 <u>39057</u> 61 <u>1</u> 62 <u>01</u> 64 <u>3340</u> 68 <u>1</u> 69 <u>1</u> 70 <u>01</u> 72 <u>01</u> 74 <u>00</u> 76 <u>220</u> 79 <u>25</u> 81 <u>70034</u> 86 <u>1</u> 87 <u>1</u> <u>12214</u> 88 <u>949</u> 91 <u>20</u> 93 <u>1</u> <u>1320</u> 94 <u>1</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>HOUSEWIFE</u>		11. Age at the time of this birth: <u>25</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>72-A ILAYA, ALABANG, MM</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>ARTEMIO L. GERALDEZ</u>		14. CITIZENSHIP <u>FILIPINO</u>		
	15. RELIGION <u>ROMAN CATHOLIC</u>		16. OCCUPATION <u>FACTORY WORKER</u>		
	17. Age at the time of this birth: <u>20</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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>6:45</u> o'clock am/pm on the date stated above. <u>JOSE FABELLA MEMORIAL HOSPITAL</u> <u>LOPE DE VEGA ST., STA. CRUZ, MANILA</u> Signature _____ Name in Print <u>MERYLLE ROZIS, M.D.</u> Title or Position <u>Resident Physician</u> Date <u>Nov. 20, 1994</u>					
20. INFORMANT Signature <u>Maria Leny Balongag</u> Address <u>72-A Ilaya, Alabang, MM</u> Name in Print <u>MARIA LENY BALONGAG</u> Relationship to the child <u>Mother</u> Date <u>Nov. 21, 1994</u>					
21. PREPARED BY Signature _____ Name in Print <u>IMYillares/ern</u> Title or Position <u>Records Officer I</u> Date <u>Dec. 14, 1994</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>LUCENA C. DACUAN</u> Title or Position <u>City Gov't Dept Head II</u> Date <u>DEC 14 1994</u>		