

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1999) (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 19a.)

Province LEYTE Registry No. 91582

City/Municipality ORMOG

1. NAME (First) REY KENNETH (Middle) GARCIANO (Last) OMEGA

2. SEX  Male  Female

3. DATE OF BIRTH (day) (month) (year) 10 November 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)

Brev. Salvacion, Ormog City, Leyte

5a. TYPE OF BIRTH  Single  Twin  Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS  First  Second  Others, Specify

6. MAIDEN NAME (First) (Middle) (Last) MARIANITA LUERNO GARCIANO

7. CITIZENSHIP PHIL. 8. RELIGION R.C.

9a. Total number of children born alive: 5

9b. No. of children still living including this birth: 5

9c. No. of children born alive but are now dead: 0

10. OCCUPATION PHIL. Age at the time of his birth: 37 years

11. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)

Brev. Salvacion, Ormog City, Leyte

12. NAME (First) (Middle) (Last) RAFAEL DELGADO OMEGA JR.

13. CITIZENSHIP PHIL. 14. RELIGION R.C.

15. OCCUPATION PHIL. Age at the time of his birth: 39 years

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

April 10 1984 - Ormog City

19a. ATTENDANT  Physician  Nurse  Midwife  Pilot (Traditional Midwife)  Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 8:00 p.m. o'clock am/pm on the date stated above.

Signature Philanta Galan Address Tambullid, O

Name in Print Philanta Galan Date 2-12-96

Title or Position Professional midwife

20. INFORMANT

Signature S. Samalga Address Salvacion, C. C.

Name in Print S. Samalga Date 2-12-96

Relationship to the child sister

21. PREPARED BY

Signature [Signature]

Name in Print [Name]

Title or Position [Title]

Date 2-12-96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature [Signature]

Name in Print ARCULLES A. SILVA LL.B.

Title or Position City Civil Registrar

Date 2-12-96

REMARKS/ANNOTATION

LATE REGISTRATION

For OCRG USE ONLY: Population Reference No. 82

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 95 10 18 7

42 7

43 7 10 11 95

44 7 3 3 2

45 7

46 7 3 1 1 1

47 7 7

48 7 7 7

49 7 7 7

50 7 7 7

51 7 7 7

52 7 7 7

53 7 7 2270

54 7 7 7

55 7 7 041884

56 7 7 37382

57 7 7 021296

05340-D3-138MBM-00129-BI002

BReN 03738-A95WA03-4

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General

Philippine Statistics Authority

Documentary Stamp Tax Paid



T138053401380012908152014002