



(Copy for OCR)

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 Registry No. 98-0391  
City/Municipality TACLEBAN

1. NAME (First) (Middle) (Last)  
NEIL GABRIEL FURIE JAILERO

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
20 JANUARY 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Bethany Hospital Tacleban City Leyte

5a. TYPE OF BIRTH  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 (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
2900 grams

6. MAIDEN NAME (First) (Middle) (Last)  
LOLITA CAROLINA FORNIS

7. CITIZENSHIP Philippine 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1  
b. No. of children still living including this birth: 1  
c. No. of children born alive but are now dead: 0

10. OCCUPATION Steak Supervisor 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
El Cesepe Street Tacleban City Leyte

13. NAME (First) (Middle) (Last)  
EDUARDO CARILLO CALIBO

14. CITIZENSHIP Philippine 15. RELIGION Roman Catholic

16. OCCUPATION Acting Engineering Asst. A 17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
July 23, 1994 - Tacleban City

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  
 4 Heilot (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 8:34 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Bethany Hospital Tacleban City  
Name in Print CLARE DENNIS S. MAPA, M.P.  
Title or Position Attending Physician Date JAN. 20, 1998

20. INFORMANT  
Signature [Signature] Address El Cesepe Street Tacleban City  
Name in Print EDUARDO CARILLO CALIBO  
Relationship to the child Father Date Jan. 20, 1998

21. PREPARED BY  
Signature [Signature]  
Name in Print ARACELI A. TAN  
Title or Position CLERK  
Date Jan. 20, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date [Date]

For OCR USE ONLY:  
Population Reference No.  
343 - A/K 6-11-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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