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|--|---|--|--|--------------------|--|
| Municipal Form No. 102<br>(Revised January 1993)   |   | (To be accomplished in quadruplicate)  |  | REMARKS/ANNOTATION |  |
| Republic of the Philippines<br>OFFICE OF THE CIVIL REGISTRAR GENERAL<br><b>CERTIFICATE OF LIVE BIRTH</b><br>(Fill out completely, accurately and legibly. Use ink or typewriter.<br>Place X before the appropriate answer in items 2, 5a, 5b and 15a.)                               |   |  |  |                    |  |
| Province _____<br>City/Municipality <u>MANILA</u>  |   |  | Registry No. <u>200-91780</u>  |                    |  |
| CHILD  | 1. NAME (First) <u>MARIANNE CHRISTINE</u> (Middle) <u>ICAMINA</u> (Last) <u>PLEÑOS</u>  |  | For OCRG USE ONLY:<br>Population Reference No. <u>390-H14100-0</u>   |                    |  |
|  | 2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female <input checked="" type="checkbox"/>  |  | 3. DATE OF BIRTH (day) (month) (year)<br><u>01</u> <u>April</u> <u>2000</u>  |                    | TO BE FILLED UP AT THE<br>OFFICE OF THE CIVIL<br>REGISTRAR<br><br>41 <u>21030700</u><br>48 <input checked="" type="checkbox"/><br>49 <u>2</u> 50 <u>07647</u><br>56 <u>21872</u><br>61 <u>1</u><br>62 <u>  </u> 64 <u>  </u><br>68 <u>  </u> 69 <u>  </u><br>70 <u>  </u> 72 <u>  </u> 74 <u>  </u><br>76 <u>217</u> 79 <u>  </u><br>81 <u>  </u> <u>  </u> <u>  </u> <u>  </u><br>86 <input checked="" type="checkbox"/> 87 <input type="checkbox"/> <u>0480</u><br>88 <u>270</u> 91 <u>31</u><br>93 <u>  </u> <u>071897</u><br>94 <input type="checkbox"/> |
|  | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)<br>House No., Street, Barangay)<br><u>Bo. Fugoso Lying - In Clinic Tondo, Manila</u> |  |  |                    |  |
|  | 5a. TYPE OF BIRTH<br><input checked="" type="checkbox"/> <u>1</u> Single <input type="checkbox"/> <u>2</u> Twin <input type="checkbox"/> <u>3</u> Triplet, etc.             |  | b. IF MULTIPLE BIRTH, CHILD WAS<br><input type="checkbox"/> <u>1</u> First <input type="checkbox"/> <u>2</u> Second <input type="checkbox"/> <u>3</u> Others, Specify _____    |                    |  |
|  | c. BIRTH ORDER (live births and fetal deaths including this delivery)<br><u>3rd</u> (first, second, third, etc.)  |  | d. WEIGHT AT BIRTH<br><u>3770</u> grams  |                    |  |
| MOTHER   | 6. MAIDEN NAME (First) <u>Ma. Elvie</u> (Middle) <u>Icaonapo</u> (Last) <u>Icamina</u>  |  |  |                    |  |
|  | 7. CITIZENSHIP <u>Filipino</u>  |  | 8. RELIGION <u>R. Catholic</u>   |                    |  |
|  | 9a. Total number of children born alive: <u>3</u>   |  | b. No. of children still living including this birth: <u>3</u>   |                    | c. No. of children born alive but are now dead: <u>0</u>   |
|  | 10. OCCUPATION<br><u>Manager (Laundry Dept.)</u>  |  | 11. Age at the time of this birth: <u>29</u> years   |                    |  |
|  | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)<br><u>221 - B Matintinan st., Tondo, Manila</u>  |  |  |                    |  |
| FATHER   | 13. NAME (First) <u>Marco</u> (Middle) <u>Bano</u> (Last) <u>Plenos</u>   |  |  |                    |  |
|  | 14. CITIZENSHIP <u>Filipino</u>   |  | 15. RELIGION <u>R. Catholic</u>  |                    |  |
|  | 16. OCCUPATION<br><u>Baker</u>  |  | 17. Age at the time of this birth: <u>30</u> years   |                    |  |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br><u>July 18, 1997 - Manila</u>  |   |  |  |                    |  |
| 19a. ATTENDANT<br><input checked="" type="checkbox"/> <u>1</u> Physician <input type="checkbox"/> <u>2</u> Nurse <input type="checkbox"/> <u>3</u> Midwife<br><input type="checkbox"/> <u>4</u> Hilot (Traditional Midwife) <input type="checkbox"/> <u>5</u> Others (Specify) _____ |   |  |  |                    |  |
| 19b. CERTIFICATION OF BIRTH<br>I hereby certify that I attended the birth of the child who was born alive at <u>1:25</u> o'clock am/pm on the date stated above.   |   |  |  |                    |  |
| Signature _____<br>Name in Print <u>Dr. Dolores T. Manese</u><br>Title or Position <u>Medical Officer V</u>  |   | Address <u>Bo. Fugoso L.I.C. Tondo, Manila</u><br>Date <u>April 01, 2000</u> |  |                    |  |
| 20. INFORMANT<br>Signature <u>M. Elvie I. Plenos</u><br>Name in Print <u>Ma. Elvie I. Plenos</u><br>Relationship to the child <u>Mother</u><br>Address <u>221 - B Matintinan st., Tondo, Manila</u><br>Date <u>April 01, 2000</u>  |   |  |  |                    |  |
| 21. PREPARED BY<br>Signature _____<br>Name in Print <u>Zenaida Esquerro</u><br>Title or Position <u>Reg. Midwife</u><br>Date <u>April 01, 2000</u>   |   |  | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR<br>Signature _____<br>Name <u>THEONIA C. PAGDILAG</u><br>Title or Position <u>CIVIL REGISTRAR</u><br>Date <u>APR 28 2000</u> |                    |  |

05885-B1-724JVC-00092-B1001  
BEST POSSIBLE IMAGE

BREN  
03901-800H131-7

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.