



(Copy for OCRG)

Municipality 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 19c.)						
Province _____ City/Municipality <u>Manila</u>			Registry No. <u>2001-73550</u>			
CHILD BIRTH	1. NAME (First) (Middle) (Last) <u>LIANNE KAILIE</u> <u>LEGASPI</u> <u>OCANG</u>		For OCRG USE ONLY: Population Reference No. _____			
	2. SEX ___ 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>7 AUGUST 2001</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>TONDO MEDICAL CENTER - Balut, Tondo, Manila</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single ___ 2 Twin ___ 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify _____		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>3,450</u> grams		48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MARICRIS</u> <u>LALANGAN</u> <u>LEGASPI</u>		49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	7. CITIZENSHIP <u>Pilipino</u>		8. RELIGION <u>Catholic</u>		55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	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>None</u>		11. Age at the time of this birth: <u>20</u> years		61 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>135 E. Valenzuela Street, San Juan, Metro Manila</u>			62 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
FATHER	13. NAME (First) (Middle) (Last) <u>PAUL RYAN</u> <u>SANTOS</u> <u>OCANG</u>		63 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	14. CITIZENSHIP <u>Pilipino</u>		15. RELIGION <u>Catholic</u>		68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	16. OCCUPATION <u>None</u>		17. Age at the time of this birth: <u>22</u> years		70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>March 31, 2001 - San Juan, Metro Manila</u>			76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician ___ 2 Nurse ___ 3 Midwife <input type="checkbox"/> 4 Healer (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 <u>1:29 A.M.</u> o'clock am/pm on the date stated above.		81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Signature _____ Name in Print <u>JUDITH T. ESCOBEO, M.D.</u> Title or Position <u>MED. OFF. III</u>		Address <u>TONDO MEDICAL CENTER</u> <u>Balut, Tondo, Manila</u> Date <u>August 7, 2001</u>		86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20. INFORMANT Signature _____ Name in Print <u>MARICRIS L. OCANG</u> Relationship to the child <u>Mother</u>		Address <u>135 E. Valenzuela St.,</u> <u>San Juan, Metro Manila</u> Date <u>August 7, 2001</u>		88 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
21. PREPARED BY Signature _____ Name in Print <u>VENERANDA W. BAYES</u> Title or Position <u>III</u> Date <u>August 29, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>GLORIA C. PADDILA</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>SEP 03 2001</u>		93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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