



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Submit before the appropriate answer in items 2, 5a, 6b and 10a.)

Province Moroto
City/Municipality _____ Registry No. 2000-1178

1. NAME Maria (Middle) Carro (Last)

2. SEX X
1 Male 2 Female

3. DATE OF BIRTH 19 (day) September (month) 2000 (year)

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

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, second, third, etc.) 1st
d. WEIGHT AT BIRTH 3.5 kilo grams

6. MAIDEN NAME Perlita (First) Carro (Middle) Carro (Last)

7. CITIZENSHIP _____ RELIGION Roman Catholic

8a. Total number of children born alive: _____
b. No. of children still living including this birth: _____
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Manayway, Marikina City

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP _____ 15. RELIGION _____

16. OCCUPATION _____ 17. Age at the time of this birth: _____ years

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

19a. ATTENDANT X
1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH 6:40
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock on the date stated above.

Signature Melchorita W. Aguilera Address Camboyo, Marikina City
Name in Print Rural Health Midwife Date September 21, 2000
Title or Position _____

20. INFORMANT
Signature Perlita Carro Address Manayway, Marikina City
Name in Print Perlita Carro Date September 21, 2000
Relationship to the child Mother

21. PREPARED BY
Signature Melchorita W. Aguilera
Name in Print Rural Health Midwife
Title or Position September 21, 2000
Date _____

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Lily Minda Felena
Name in Print OFFICE CIVIL REGISTRAR - GENERAL
Title or Position _____ Date 9/21/2000

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No. 6467-200790-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 01781
0001781

48 1

49 2 50 070900

56 64071

61 1

62 01 64 3500

68 1 69 1

70 01 72 01 74 08

76 220 78 24

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09/21/2000 1030

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

