



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X below the appropriate answer in Items 2, 5a, 5b and 19a.)					
Province <u>LEYTE</u>		City/Municipality <u>ORMOC</u>		Registry No. <u>9001-4886</u>	
1. NAME (First) (Middle) (Last) <u>RUDIC MARK PARRILLA EMPINO</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>17 August 2001</u>	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Ormoc District Hospital Ormoc Leyte</u>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
			b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	5b. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) <u>8th</u>		d. WEIGHT AT BIRTH <u>3,100</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>MA. ERLINDA ISGUERRA PARRILLA</u>		7. CITIZENSHIP <u>Filipino</u>		
MOTHER	8. RELIGION <u>R, Catholic</u>		9a. Total number of children born alive: <u>8</u>		
	9b. No. of children still living including this birth: <u>8</u>		9c. No. of children born alive but are now dead: <u>0</u>		
	10. OCCUPATION <u>housewife</u>		11. Age at the time of this birth: <u>42</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Ipil Ormoc Leyte</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>RODOLFO DIAZ EMPINO</u>		14. CITIZENSHIP <u>Filipino</u>		
	15. RELIGION <u>R, Catholic</u>		16. OCCUPATION <u>driver</u>		
	17. Age at the time of this birth: <u>48</u> years				
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 16, 1991 - MTC, Albuera, Leyte</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:45 A.M.</u> o'clock am/pm on the date stated above.		Signature <u>MA. Vivian O. Tauro</u> Name in Print <u>MA. VIVIAN TAURO, M.D.</u> Title or Position <u>Medical Officer III</u> Address <u>Ormoc District Hospital Ormoc City, Leyte</u> Date <u>Sept. 3, 2001</u>	
20. INFORMANT Signature <u>MA. Erlinda P. Empino</u> Name in Print <u>MA. ERLINDA P. EMPINO</u> Relationship to the child <u>mother</u> Address <u>Ipil, Ormoc City, Leyte</u> Date <u>sept. 3, 2001</u>		21. PREPARED BY Signature <u>JOSEPHINE B. COLINA</u> Name in Print <u>JOSEPHINE B. COLINA</u> Title or Position <u>Clerk I</u> Date <u>9-3-2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____	

For OCRG USE ONLY: Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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