



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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, 5e, 5b and 19a.)

Province _____		Registry No. <u>2003-72798</u>		REMARKS/ANNOTATION
City/Municipality <u>Manila</u>				
1. NAME (First) (Middle) (Last) <u>EDRO JOSE LOZANO</u>		For OCRG USE ONLY: Population Reference No. _____		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>3 September 2003</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 <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 _____		41 <u>0372798</u>		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>Third</u>		d. WEIGHT AT BIRTH <u>2,900</u> grams		
48 <input type="checkbox"/>		49 50 <u>1 930903</u>		
6. MAIDEN NAME (First) (Middle) (Last) <u>JOSEPHINE PARDEB LOZANO</u>		56 <u>39016</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>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>		61 <input type="checkbox"/>		
10. OCCUPATION <u>Secretary</u>		11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>233 Macabalo Street, Caloocan City</u>		62 64 <u>032900</u>		
13. NAME (First) (Middle) (Last) <u>EDRO JOSE</u>		68 69 <input type="checkbox"/> <input type="checkbox"/>		
14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u>N/A</u>		
16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u>N/A</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>		70 72 74 <u>03 03 00</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Helet (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		76 79 <u>3/1 29</u>		
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>8:11 A.M.</u> o'clock am/pm on the date stated above.)		81 <u>75010</u>		
Signature _____ Name in Print <u>EDRO JOSE LOZANO, M.D.</u> Title or Position <u>MD, OFFICER-III</u>		Address <u>TONDO MEDICAL CENTER BALUT, TONDO, MANILA</u> Date <u>September 3, 2003</u>		
20. INFORMANT Signature _____ Name in Print <u>JOSEPHINE P. LOZANO</u> Relationship to the child <u>Mother</u>		Address <u>Same as Above</u> Date <u>September 3, 2003</u>		
21. PREPARED BY Signature _____ Name in Print <u>DARREN THOMAS S. YABUY</u> Title or Position <u>NURSE II</u> Date <u>September 3, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date <u>SEP 25 2003</u>		

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Carmelita N. ERICTA

CARMELITA N. ERICATA

Administrator and Civil Registrar General
National Statistics Office

