



Form No. 102
(1988)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished by registrars)

(Fill out completely, accurately and legibly in ink)

90-94141

PROVINCE LA LOCAL CIVIL REGISTRY NO. _____
CITY/MUNICIPALITY _____

1. NAME (First) (Middle) (Last)
SARA KAY SAMONTO ORSA

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)
1 Male 2 Female _____ 14 December 1990

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in Hospital, give street/Barangay) (City/Municipality) (Province)
PHILIPPINE GENERAL HOSPITAL

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 3 Three or more _____ 1 First 2 Second 3 Third, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
Jaslene Inoue Samiento PH. RM

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Alexander Tanyag Orsa P.I. RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (register if not applicable, RR Offices of Adjudication of the Courts)
January 6, 1981 Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born on the date stated above.
Signature: [Signature] Address: PHILIPPINE GENERAL HOSPITAL
Name in print: RUTHELLE SORIANO MD
Title or position: Physician Date: 12/19/90

14. INFORMANT
Signature: [Signature] Address: Summita St. Marikina, Maysa City
Name in print: OSIANA ORSA
Relationship to child: Mother Date: 12/19/90

15a. PREPARED BY
Signature: [Signature]
Name in print: CHRISTIAN M. HARANG
Title or position: CLERK TYPIST
Date: 12/19/90
15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [Signature]
Name in print: HEATRO D. PEREZ
Title or position: CITY CIVIL REGISTRAR
Date: _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 16b. DATE WHEN INFORMATION WAS GIVEN
JAN 7 1991

(Important: Informant should also provide information for items 17 to 25. This data goes on to be filed out at the office of the Local Civil Registrar.)

PROVINCE _____
CITY/MUNICIPALITY _____

CHILD	17. Weight at Birth (in grams)	<u>3,625</u>	18. Birth Order of Child (First, second, etc.)	<u>3th</u>
	19a. Total Number of Children Born Alive	<u>3</u>	19b. How many children are now being reared by the birth?	<u>3</u>
MOTHER	20. Usual Occupation	<u>Homemaker</u>	21. Age at the time of this Birth	<u>20</u>
	22. Usual Residence (Barangay)	<u>Summita St. Marikina, Maysa City</u>	23. How many children were born alive but are now dead?	<u>0</u>
FATHER	24. Usual Occupation	<u>S-Guard</u>	25. Age at the time of this Birth	<u>22</u>
	25. Attendant at Birth (Place 'X' on appropriate answer)	<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Wife <input type="checkbox"/> 5 Other		

Sex: Male Female

Date of Birth: 12/19/90

Place of Birth: PHILIPPINE GENERAL HOSPITAL

Child's Name: SARA KAY SAMONTO ORSA

Abolish's Nationality: PH Other

Father's Nationality: PH Other

Foot: S M: A L: A

"BANTAY SA MUNDO, UMAANGEN SA TAYO"