



Form No. 102 (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 typewrites. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Bulacan Registry No. 89-0367

City/Municipality Pandi

1. NAME (First) (Middle) (Last)
ALFRED OYANGOREN AQUINO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
12 November 1989

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Pandi District Hospital Pandi Bulacan

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) 3rd (first, second, third, etc.) d. WEIGHT AT BIRTH 27.22 grams

6. MAIDEN NAME (First) (Middle) (Last)
Leonida Ybanez Oyangoren

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Pandi Bulacan

13. NAME (First) (Middle) (Last)
Alfredo Bautista Aquino

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Security Guard 17. Age at the time of this birth: 27 years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 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 10:AM o'clock am/pm on the date stated above.
Signature Samirah Cuaro Address Pandi Bulacan
Name in Print SAMIRAH CUARO Date 12/05/1989
Title or Position Physician

20. INFORMANT
Signature Leonida Y. Oyangoren Address Pandi Bulacan
Name in Print Leonida Y. Oyangoren Date 12/05/1989
Relationship to the child Mother

21. PREPARED BY
Signature Vergercita Fuentes
Name in Print VERGERCITA J. FUENTES
Title or Position Clerk
Date 12/05/1989

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Nicasia M. Basoy
Name in Print NICASIA M. BASOY
Title or Position Civil Registrar
Date 12/05/1989

41 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

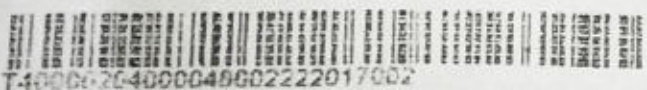
92

93

94

08282-46-400AGS-00485-01002

BEST POSSIBLE IMAGE



T-40000-20-4000049602222017002
W1900015025

BRAN
[01217-A89WC01-8]

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

