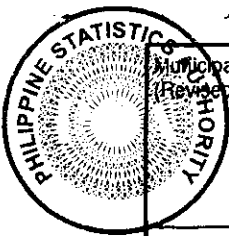


(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province <u>Metro Manila</u>		Registry No. <u>94-7317</u>	
City/Municipality <u>Pasay City</u>			
1. NAME (First) (Middle) (Last) <u>WINICE AMOR SANTIAGO ALCEDERA</u>		FOR OCRG USE ONLY: Population Reference No.	
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
3. DATE OF BIRTH (day) (month) (year) <u>1 Oct. 1994</u>		41 <u>9407312</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>A. O. Abello Medical Clinic, 2197 Luna St., Pasay City</u>		48 <input type="checkbox"/>	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		49 <u>201099</u>	
5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		56 <u>29039</u>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		57 <input type="checkbox"/>	
d. WEIGHT AT BIRTH <u>2,041</u> grams		61 <input type="checkbox"/>	
6. MAIDEN NAME (First) (Middle) (Last) <u>Amorlina Laraga Sarmiento</u>		62 <u>012091</u>	
7. CITIZENSHIP <u>Filipino</u>		66 <input type="checkbox"/>	
8. RELIGION <u>Roman Catholic</u>		68 <input type="checkbox"/>	
9a. Total number of children born alive: <u>1</u>		69 <input type="checkbox"/>	
9b. No. of children still living including this birth: <u>1</u>		70 <u>07</u>	
9c. No. of children born alive but are now dead: <u>0</u>		71 <u>01</u>	
10. OCCUPATION <u>Midwife</u>		72 <u>01</u>	
11. Age at the time of this birth: <u>25</u> years		73 <u>05</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>2630 Aurora Blvd. Sta. Cruz Manila</u>		76 <u>067</u>	
13. NAME (First) (Middle) (Last) <u>Eugenio Rizada Alcedera</u>		77 <u>23</u>	
14. CITIZENSHIP <u>Filipino</u>		81 <u>24057</u>	
15. RELIGION <u>Roman Catholic</u>		86 <input type="checkbox"/>	
16. OCCUPATION <u>Seaman</u>		87 <input type="checkbox"/>	
17. Age at the time of this birth: <u>29</u> years		88 <input type="checkbox"/>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 19, 1993 at <del>St. Thelma Church, Cebu City</del></u>		89 <input type="checkbox"/>	
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)		93 <input type="checkbox"/>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:30 A.M.</u> clock am/pm on the date stated above.		94 <input type="checkbox"/>	
Signature <u>[Signature]</u> Address <u>2197 Luna St.</u>		95 <u>1560</u>	
Name in Print <u>Dra. Asuncion O. Abello Cartimar, Pasay City</u>		96 <u>12993</u>	
Title or Position <u>Physician</u> Date <u>Oct. 1, 1994</u>		97 <u>2278</u>	
20. INFORMANT Signature <u>[Signature]</u> Address <u>2630 Aurora Blvd. Sta. Cruz, Manila</u>		98 <u>1028</u>	
Name in Print <u>Amorlina S. Alcedera</u>		99 <input type="checkbox"/>	
Relationship to the child <u>Mother</u> Date <u>Oct. 1, 1994</u>		100 <input type="checkbox"/>	
21. PREPARED BY Signature <u>[Signature]</u>		101 <input type="checkbox"/>	
Name in Print <u>Reynaldo T. Jover</u>		102 <input type="checkbox"/>	
Title or Position <u>Med. Records Clerk</u>		103 <input type="checkbox"/>	
Date <u>Oct. 1, 1994</u>		104 <input type="checkbox"/>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u>		105 <input type="checkbox"/>	
Name in Print <u>SARANDAWAN</u>		106 <input type="checkbox"/>	
Title or Position <u>CIVIL REGISTRAR</u>		107 <input type="checkbox"/>	
Date <u>28 OCT 1994</u>		108 <input type="checkbox"/>	

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

