



(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
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 3a, 5b and 13a.)

Province Leyte City/Municipality Taaloban City 2004 Pr. 855

1. NAME (First) KRISTEL NINA (Middle) CONEJOS (Last) JUANERO

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
07, February 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Divine Word Hospital/BPH Taaloban City, Leyte

5a. TYPE OF BIRTH X 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)
Second (first, second, third, etc.)

d. WEIGHT AT BIRTH 2,900 grams

6. MAIDEN NAME (First) Ms. Susana (Middle) Batuya (Last) Concejos

7. CITIZENSHIP Filipino

8. RELIGION Roman Catholic

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION Gov't. Employee

11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Blk. 5, L-1 Pastillero Subd, Guindayunan Palo, Leyte

13. NAME (First) Neil (Middle) Pajellino (Last) Juanero

14. CITIZENSHIP Filipino

15. RELIGION Roman Catholic

16. OCCUPATION Gov't. Employee

17. Age at the time of this birth: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 14, 2000 - Dagami, Leyte

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (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 5:05 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Divine Word Hospital
Name in Print DR. GABRIANO MARTIN M.D. Taaloban City
Title or Position Attending Physician Date 1/12/04

20. INFORMANT
Signature [Signature] Address Blk. 5, L-1 Pastillero
Name in Print NEIL P. JUANERO Subd., Guindayunan, Palo, Leyte
Relationship to the child Father Date February 12, 2004

21. PREPARED BY
Signature [Signature]
Name in Print MaPa A. Mapa
Title or Position Medical Records Clerk
Date February 12, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print MISS AUDIN H. BORJA
Title or Position CITY CIVIL REGISTRAR
Date _____

Checked by father before signing: [Signature]

61 2004-855
62 1
63 2 07022004
64 774777
65 1
66 022900
67 1 1
68 020200
69 120 77
70 777777
71 120 77
72 1
73 1

FEB 12 2004

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

