



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>QUEZON CITY</u>		Registry No. <u>99-45736</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>JEWEL DEWISE AWAYAN BACALSO</u>			FOR OCRG USE ONLY: Population Reference No.	
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19 August 1999</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>East Avenue Medical Center Quezon City</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 _____		
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>second</u>		d. WEIGHT AT BIRTH <u>3.02</u> grams			
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>ROWENA AWAYAN BACALSO</u>			41 <u>9945736</u>	
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>TEACHER</u>		11. Age at the time of this birth: <u>41</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>199 B 5th Salvador St., Green Park Village, Pasay City, Pasig</u>					
FATHER	13. NAME (First) (Middle) (Last) <u>GEROIS ESMAS SURALIZA</u>			48 <u>1</u>	
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>BUSINESS MAN</u>		17. Age at the time of this birth: <u>42</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>				
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilal (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify _____)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at: <u>2:30 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u>		Address <u>MANILA, Quezon City</u>			
Name in Print <u>DR. SEBASTIAN</u>		Date <u>August 16, 1999</u>			
Title or Position <u>MD. III</u>		49 50 <u>2190399</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>[Address]</u>					
Name in Print <u>ROSELIA BACALSO</u>		Date <u>8/21/99</u>			
Relationship to the child <u>Wife</u>		51 <u>1</u>			
21. PREPARED BY Signature <u>[Signature]</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u>		
Name in Print <u>GEROIS SURALIZA</u>		Name in Print <u>ROSELIA BACALSO</u>			
Title or Position <u>MD. III</u>		Title or Position <u>Officer III</u>			
Date <u>August 23, 1999</u>		Date <u>8/23/99</u>			
52 54 <u>1027020</u>					
56 59 <u>1 1</u>					
60 61 <u>1</u>					
62 64 <u>1027020</u>					
66 69 <u>1 1</u>					
70 72 74 <u>02 02 01</u>					
76 79 <u>138 47</u>					
81 <u>74039</u> 1930					
86 87 <u>1 1</u>					
88 91 <u>427 4</u>					
93 <u>2</u> <u>###</u> <u>AUG 23 1999</u>					
94 <u>1</u> <u>###</u>					

07754-CE-999CDD-03233-BI001  
 BEST POSSIBLE IMAGE

BRen  
 07404-A99RK0Z-6

*CSM*  
 CLAIRE DENNIS S. MAPA, Ph. D.