

(Copy for OCRG)

Mandatory Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

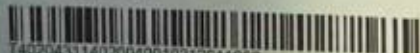
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 6b, and 15a.)

Province <u>Agos</u>		Registry No. <u>221-2237</u>	
City/Municipality <u>Agos</u>			
1. NAME (First) (Middle) (Last) JAMIEL EYE URSOBA SONOMA		Per OCRG USE ONLY: Population Reference No. <input type="text"/>	
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) <u>24 August 2004</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>MRS Agos Leyte</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 Triple, 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 (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>first</u>		d. WEIGHT AT BIRTH (grams) <u>3175</u>	
6. MOTHER'S NAME (First) (Middle) (Last) <u>Joseph B. Ursosa</u>		41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/>	
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Rom. Cath.</u>	
9a. Total number of children born alive: <u>01</u>		b. No. of children still living including this birth: <u>01</u>	
10. OCCUPATION <u>Homekeeper</u>		c. No. of children born alive but are now dead: <u>0</u>	
11. Age at the time of this birth: <u>22</u> years		52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Ng. 230, Boerrie Agos Leyte</u>		62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/>	
13. NAME (First) (Middle) (Last) <u>John Salvador Mino Sorina</u>		72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/>	
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Rom. Cath.</u>	
16. OCCUPATION <u>None</u>		17. Age at the time of this birth: <u>24</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, see paragraph 15 of Acknowledgment/Admission of Paternity at the back.)			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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 _____ o'clock _____ AM/PM on the date stated above.)			
-Not Available during registration			
Signature <u>WENDECK G. CABAL</u>		Address <u>Agos, Leyte</u>	
Name in Print <u>Attending Physician</u>		Date <u>August 01, 2004</u>	
Title or Position		Date	
20. INFORMANT			
Signature <u>JAMES URSOBA</u>		Address <u>Agos, Leyte</u>	
Name in Print <u>Father</u>		Date <u>September 16, 2004</u>	
Title or Position		Date	
21. PREPARED BY			
Signature <u>MARIBEL S. LABACA</u>		Address <u>Agos, Leyte</u>	
Name in Print <u>Chief</u>		Date <u>September 16, 2004</u>	
Title or Position		Date	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR			
Signature <u>MOEL V. MANANANG</u>		Address <u>Agos, Leyte</u>	
Name in Print <u>Chief</u>		Date <u>September 16, 2004</u>	
Title or Position		Date	

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Carmelita N. ERICTA
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Administrator and Civil Registrar General
National Statistics Office

