



(Copy for OCRG)

Revised Form No. 102  
(Revised January 1992)

(To be accomplished in quadruplicate)

**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, 3b and 19a.

Province <u>Leyte</u>		Registry No. <u>2005-5617</u>		REMARKS/ANNOTATION
City/Municipality <u>Ormao City</u>				
1. NAME (First) <u>MIKO</u> (Middle) <u>ADRIANNE</u> (Last) <u>BOGOS BALERMO</u>		For OCRG USE ONLY Population Reference No.		
2. SEX <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	3. DATE OF BIRTH (day) (month) (year) <u>5 September 2005</u>			
4. PLACE OF BIRTH (Name of Hospital or Children's Home, Street, Barangay) (City/Municipality) (Province) <u>Hospital Ormao City 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. 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 (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>3rd</u>		d. WEIGHT AT BIRTH <u>3130</u> grams		
6. MAIDEN NAME (First) <u>LALAINA</u> (Middle) <u>LEONA</u> (Last) <u>BOGOS</u>		41 <u>1-5-05-16-17</u>		
7. CITIZENSHIP <u>Filipino</u>		42 <u>1-5-05-16-17</u>		
8. RELIGION <u>Jehovah's Witness</u>		43 <u>1-5-05-16-17</u>		
9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>25</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Isabel Leyte</u>		44 <u>1-5-05-16-17</u>		
13. NAME (First) <u>ROBERT</u> (Middle) <u>DAÑO</u> (Last) <u>BALERMO</u>		45 <u>1-5-05-16-17</u>		
14. CITIZENSHIP <u>Filipino</u>		46 <u>1-5-05-16-17</u>		
15. RELIGION <u>Jehovah's Witness</u>		47 <u>1-5-05-16-17</u>		
16. OCCUPATION <u>Mechanic</u>		48 <u>1-5-05-16-17</u>		
17. Age at the time of this birth: <u>30</u> years		49 <u>1-5-05-16-17</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 19, 1999 @ Isabel, Leyte</u>				
19a. ATTENDANT <input type="checkbox"/> 1. Physician <input checked="" 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 <u>10:35 P.M.</u> o'clock on the date stated above.				
Signature <u>ARLINDA BODAL</u> Name in Print <u>ARLINDA BODAL</u> Title or Position <u>NURSE</u>		Address <u>Ormao Maternity &amp; Children's Hospital</u> Date		
20. INFORMANT Signature <u>ROBERT BALERMO</u> Name in Print <u>ROBERT BALERMO</u> Relationship to the child <u>Father</u> Address <u>Isabel, Leyte</u> Date				
21. PREPARED BY Signature <u>CLAIRE DENNIS S. MAPA</u> Name in Print <u>CLAIRE DENNIS S. MAPA</u> Title or Position <u>Registrar</u> Date <u>September 14, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>ARLINDA BODAL</u> Name in Print <u>ARLINDA BODAL</u> Title or Position <u>Nurse</u> Date <u>SEP 15 2005</u>		

08831-G7-991MMG-00142-BI001

BEST POSSIBLE IMAGE



T080086319910014203062024001  
LR800647784

BReN  
03738-B05S501-1

Documentary  
Stamp Tax Paid

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

