PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(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, 5a, 5b and 10a.)

Province: Leyte
City/Municipality: Ormoc City
Registry No.: 2002-242

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): BERN VEIN (Middle): EGOS (Last): BALERMO
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 2 January 2002
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, House No., Street, Barangay) (City/Municipality) (Province): Ormoc Maternity & Children's Hospital, Ormoc 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): 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3039 grams

MOTHER

6. MAIDEN NAME (First): LALAINE (Middle): LEONA (Last): EGOS
7. CITIZENSHIP: Filipino
8. RELIGION: Jehovah's Witness
9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Housewife
11. Age at the time of this birth: 21 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Isabel, Leyte

FATHER

13. NAME (First): ROBERT (Middle): DAÑO (Last): BALERMO
14. CITIZENSHIP: Filipino
15. RELIGION: Jehovah's Witness
16. OCCUPATION: Mechanic
17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
April 19, 1999 @ Isabel, Leyte

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse X 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 5:17 a.m. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: MA. DAHLIA OMEGA
Title or Position: Midwife
Address: Ormoc Maternity & Children's Hospital
Date:

20. INFORMANT
Signature: [signature]
Name in Print: ROBERT BALERMO
Relationship to the child: Father
Address: Isabel, Leyte
Date:

21. PREPARED BY
Signature: [signature]
Name in Print: RESELDA P. GARCIANO
Title or Position: CLERK
Date: January 11, 2002

RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: DR. ARCHIMEDES A. SILVA, MPA, DM.
Title or Position: City Civil Registrar
Date: JAN 11 2002

CITY CIVIL REGISTRAR OFFICER

41	1 0 1 0 2 4 Y
46	1
49	1
50	0 1 0 1 1 7
56	3 9 3 5
61	1
62	0 1
64	3 9 3 9
68	1
69	8
70	0 1
72	0 1
74	0 0
76	2 4 0
79	2 1
81	3 9 7 5 0
86	1
87	8 2000
88	8 4 3
91	2 6
93	1
	1

06050-68-402MAA-00342-BI002

BEST POSSIBLE IMAGE

T4020605040200342072520160 02

GK700788562

BReN
03738-B02A202-8

Documentary Stamp Tax Paid

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