



Manila 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, 4a, 5b and 19a.)

Province Manila Registry No. 417351
City/Municipality Manila

1. NAME (First) (Middle) (Last)
Richard Benter Angering
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
27 September 1994
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Mary Chiles General Hospital 667 Gastambide, Sempaloc, Manila
5a. TYPE OF BIRTH 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) First (first, second, third, etc.)
d. WEIGHT AT BIRTH 3 kg. grams

6. MAIDEN NAME (First) (Middle) (Last)
Fler Benter
7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic
9a. Total number of children born alive: 1 b. No. of children still living including this birth: _____ c. No. of children born alive but are now dead: _____
10. OCCUPATION Employee 11. Age at the time of this birth: 27 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
419 J. Figueras St., Sempaloc, Manila

13. NAME (First) (Middle) (Last)
Louie Oracion Angering
14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic
16. OCCUPATION Factory Worker 17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 22, 1994 Baybay, Leyte

19a. ATTENDANT 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 6:40 a.m. o'clock am/pm on the date stated above.
Signature [Signature] Address Mary Chiles Gen. Hosp. 667 Gastambide, Semp. Mlt.
Name in Print Louie Oracion Angering, M.D. Date September 27, 1994
Title or Position Physician

20. INFORMANT
Signature [Signature] Address 419 J. Figueras St., Sempaloc, Manila
Name in Print Fler B. Angering Date September 27, 1994
Relationship to the child mother

21. PREPARED BY
Signature [Signature]
Name in Print Joseph Anza
Title or Position Reg. Midwife
Date September 27, 1994
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ATTY. LUCENA C. DACUAN
Title or Position REG. CITY CIVIL REGISTRAR
Date OCT 1 1994

For OCRG USE ONLY:
Population Reference No.
[]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41
[9 4 9 1 3 5 1]

48
[1]

49 50
[1] [2 7 0 2 9 4]

56
[3 9 0 6 5]

61
[1]

62 64
[1] [3 0 0 0]

68 69
[1] [1]

70 72 74
[1] [1] [0 0]

75 79
[8 2 7] [2 7]

81
[3 9 0 6 5]

86 87
[1] [1]

88 91
[9 4 9] [2 1]

93
[1]

94
[1]

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