



(Copy for OCRG)

Municipal 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, 5b and 11a.				
Province <u>SO. LEYTE</u>		Registry No. <u>45-365</u>		For OCRG USE ONLY: Population Reference No. <u>6407-A98D003-b</u>
City/Municipality <u>Maasin</u>				
1. NAME (First) <u>Nissy</u> (Middle) <u>Lampang</u> (Last) <u>Mocin</u>		2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
3. DATE OF BIRTH (Day) <u>18</u> (Month) <u>Feb.</u> (Year) <u>'93</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) <u>SLPI, Maasin So. Leyte</u> (City/Municipality) (Province)		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>  </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>  </u> 1. First <u>  </u> 2. Second <u>  </u> 3. Other, Specify <u>  </u>		41 <u>4700885</u>
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.0</u> kg <u>  </u> grams		42 <u>  </u>
6. MAIDEN NAME (First) <u>Socorro</u> (Middle) <u>Ramos</u> (Last) <u>Lampang</u>		7. CITIZENSHIP <u>fil.</u>		43 <u>  </u>
8. RELIGION <u>r.c.</u>		9a. Total number of children born alive: <u>1</u>		44 <u>  </u>
9b. No. of children still living including this birth: <u>1</u>		9c. No. of children born alive but are now dead: <u>0</u>		45 <u>  </u>
10. OCCUPATION <u>gov't, employee</u>		11. Age at the time of this birth: <u>27</u> years		46 <u>  </u>
12. RESIDENCE (House No., Street, Barangay) <u>Dontoc So. Leyte</u> (City/Municipality) (Province)		13. NAME (First) <u>Noises</u> (Middle) <u>Martilla</u> (Last) <u>Mocin</u>		47 <u>  </u>
14. CITIZENSHIP <u>fil.</u>		15. RELIGION <u>r.c.</u>		48 <u>  </u>
16. OCCUPATION <u>SOCLAN</u>		17. Age at the time of this birth: <u>35</u> years		49 <u>  </u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 20, 1997 Dontoc So. Leyte</u>				
19a. ATTENDANT <u>X</u> 1. Physician <u>  </u> 2. Nurse <u>  </u> 3. Midwife <u>  </u> <u>  </u> 4. Healer (Traditional Healer) <u>  </u> 5. Others (Specify) <u>  </u>				
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>1:50 am</u> o'clock <u>  </u> on the date stated above.) Signature <u>[Signature]</u> Address <u>Maasin So. Leyte</u> Name in Print <u>LORNA M. LAPILLI R.D.</u> Date <u>2/16/98</u> Title or Position <u>Private Physician</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Dontoc So. Leyte</u> Name in Print <u>BEISS MACHIAN</u> Date <u>2/16/98</u> Relationship to the child <u>Father</u>				
21. PREPARED BY Signature <u>[Signature]</u> Address <u>Dontoc So. Leyte</u> Name in Print <u>ALTAGRACIA ROSELLO</u> Date <u>2/16/98</u> Title or Position <u>Midwife</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>  </u> Name in Print <u>  </u> Date <u>2/27/98</u> Title or Position <u>  </u>				
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*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

