



Municipal Form No. 102  
(Revised January 1993)

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 19a.)

REMARKS/ANNOTATION

Province Leyte Registry No. 94-2796  
City/Municipality Baybay

1. NAME (First) Guillermo (Middle) Fernandes (Last) Dumaguing, Jr

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) 18 (month) Nov (year) 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) Western Leyte Prov. Hospital (City/Municipality) Baybay (Province) Leyte  
House No., Street, Barangay

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH 3,000 grams

6. MAIDEN NAME (First) Maribel (Middle) Castro (Last) Fernandes

7. CITIZENSHIP Phil 8. RELIGION RC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeping 11. Age at the time of this birth: 07 years

12. RESIDENCE (House No., Street, Barangay) Cogon (City/Municipality) Baybay (Province) Leyte

13. NAME (First) Guillermo (Middle) Rendolan (Last) Dumaguing

14. CITIZENSHIP Phil 15. RELIGION RC

16. OCCUPATION Farming 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.)  
July 25, 1995 Baybay, Leyte

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 1:05pm o'clock am/pm on the date stated above.

Signature [Signature] Address Cogon, WDP-1  
Name in Print Regina Fulvadora, M.D. Baybay, Leyte  
Title or Position Medical Officer III Date 11/18/94

20. INFORMANT Signature [Signature] Address Cogon  
Name in Print Maribel F. Dumaguing Baybay, Leyte  
Relationship to the child Mother Date 11/18/94

21. PREPARED BY Signature [Signature]  
Name in Print Georgeta Salazar  
Title or Position Nursing Attendant  
Date 11/18/94

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print Noel V. Manabanes  
Title or Position Asst. Reg.  
Date 11/18/94

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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*[Handwritten Signature]*