



Municipal Form No. 102 (Revised January 2007) (Completed in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province LEYTE Registry No. 2019.00938
City/Municipality TACLOBAN CITY

CHILD

1 NAME (First) (Middle) (Last)
LOUIE ANNE ABUDA

2 SEX (Male / Female) FEMALE 3 DATE OF BIRTH (Day) (Month) (Year)
03 JUNE 1997

4 PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) (Country)
EASTERN VISAYAS REGIONAL MEDICAL CENTER TACLOBAN CITY LEYTE PHILIPPINES

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including fetal deaths) (First, Second, Third, etc.) FOURTH 5d. WEIGHT AT BIRTH (grams) 2700

MOTHER

7 MAIDEN NAME (First) (Middle) (Last)
PACITA ESQUIERDO ABUDA

8 CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

10a. Total number of children born alive 4 10b. No. of children still living including this birth 4 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEKEEPER 12. AGE at the time of the birth (completed years) 31

13 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ANIBONG TACLOBAN CITY LEYTE PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
LEANDRO CAHIMAT LOPIDO

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION FISH VENDOR 18. AGE at the time of the birth (completed years) 33

19 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ANIBONG TACLOBAN CITY LEYTE PHILIPPINES

MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) NOT APPLICABLE 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 03:40 PM am/pm on the date of birth specified above.

Signature (NO LONGER CONNECTED) Address EVRMC, TACLOBAN CITY, LEYTE
Name in Print CYNTHIA MOLABOLA, MD
Title or Position MEDICAL OFFICER III Date OCTOBER 11, 2018

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature [Signature] Name in Print LOUIE ANN ABUDA
Relationship to the Child HERSELF
Address ANIBONG, TACLOBAN CITY
Date OCTOBER 11, 2018

23. PREPARED BY
Signature [Signature] Name in Print NERISSA C. ALCANTARA
Title or Position SUPERVISING ADMINISTRATIVE OFFICER
Date OCTOBER 11, 2018

24. RECEIVED BY
Signature [Signature] Name in Print MARRA C. TABAO
Title or Position ADMINISTRATIVE AIDE-I
Date 10 JAN 2019

25. REGISTERED BY THE CIVIL REGISTRAR
Signature [Signature] Name in Print IMELDA A. ROA
Title or Position CITY CIVIL REGISTRAR TACLOBAN CITY
Date 24 JAN 2019

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
LATE REGISTRATION

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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BEST POSSIBLE IMAGE



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

