



(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 19a.)

Province _____ Registry No. 444788
City/Municipality MANILA

C H I L D	1. NAME (First) <u>EDZEL</u> (Middle) <u>SUNDIAN</u> (Last) <u>GARRILLO</u>
	2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female <input type="checkbox"/>
	3. DATE OF BIRTH (day) (month) (year) <u>02</u> <u>SEPTEMBER</u> <u>1994</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>JOSE FABELLA MEMORIAL HOSPITAL</u> <u>LOPE DE YEGA ST., STA. CRUZ, MANILA</u>
M O T H E R	5a. TYPE OF BIRTH <u>X</u> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>
	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <input type="checkbox"/> <u>2</u> Second <input type="checkbox"/> 3 Others, Specify <input type="checkbox"/>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)
F A T H E R	d. WEIGHT AT BIRTH <u>2100</u> grams
	6. MAIDEN NAME (First) <u>EDNA</u> (Middle) <u>CABIOTING</u> (Last) <u>SUNDIAN</u>
	7. CITIZENSHIP <u>FILIPINO</u>
	8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>1</u>	
b. No. of children still living including this birth: <u>1</u>	
c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEWIFE</u>	
11. Age at the time of this birth: <u>21</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>SAN VICENTE, VALERIA, VALENZUELA, M.H.</u>	
13. NAME (First) <u>ALEXANDER</u> (Middle) <u>C.</u> (Last) <u>GARRILLO</u>	
14. CITIZENSHIP <u>FILIPINO</u>	
15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>OPERATOR</u>	
17. Age at the time of this birth: <u>21</u> years	

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

19a. ATTENDANT FEBRUARY 26, 1994 ERLAC, BARLAC
 1 Physician 2 Nurse 3 Midwife
 4 Heil (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 1:55 o'clock
am/pm on the date stated above. DR. JOSE FABELLA MEMORIAL HOSPITAL
LOPE DE YEGA ST., STA. CRUZ, MANILA

Signature _____
Name in Print DR. MA. ORISOSTOMA L. EXCONDE
Title or Position RESIDENT PHYSICIAN Date SEPTEMBER 2, 1994

20. INFORMANT
Signature Edna S. Garrillo Address SAN VICENTE, VALERIA, VALENZUELA, M.H.
Name in Print EDNA S. GARRILLO Date SEPTEMBER 3, 1994
Relationship to the child MOTHER

21. PREPARED BY
Signature _____
Name in Print ANA MARIA C. BOLENTINO
Title or Position CLERK II
Date SEPT. 30, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print ATTY. NENEC OACUAN
Title or Position CIVIL REGISTRAR
Date OCT 03 1994

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9067678

42

43 070794

44 _____

45 _____

46 _____

47 _____

48 _____

49 _____

50 _____

51 _____

52 _____

53 _____

54 _____

55 _____

56 _____

57 _____

58 _____

59 _____

60 _____

61 _____

62 _____

63 _____

64 _____

65 _____

66 _____

67 _____

68 _____

69 _____

70 _____

71 _____

72 _____

73 _____

74 _____

75 _____

76 _____

77 _____

78 _____

79 _____

80 _____

81 _____

82 _____

83 _____

84 _____

85 _____

86 _____

87 _____

88 X 70

89 26

90 027894

91 0580

92 _____

93 _____

94 100394

04181-3A-400ESR-00439-BI001

BReN
03905-A94T23V-2

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office



T400041814000043906132011001

H900020368

Documentary
Stamp Tax Paid

