

(Copy for OCRG)

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.)

Province <u>Leyte</u>		Registry No. <u>7000-654</u>		REMARKS/ANNOTATION																																																																																																																		
City/Municipality <u>Saybay</u>																																																																																																																						
CHILD	1. NAME (First) (Middle) (Last) <u>Ruby Lyn</u> <u>S.</u> <u>De Lara</u>		For OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																																																																																			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female				3. DATE OF BIRTH (day) (month) (year) <u>19</u> <u>January</u> <u>2000</u>																																																																																																																	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Eastern Leyte Provincial Hospital, Marikina, Leyte</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR																																																																																																																			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.				b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others. Specify _____																																																																																																																	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>6th</u>				d. WEIGHT AT BIRTH <u>3,000</u> grams																																																																																																																	
	6. MAIDEN NAME (First) (Middle) (Last) <u>Avelina</u> <u>S.</u> <u>De Lara</u>				7. CITIZENSHIP <u>filipino</u>																																																																																																																	
MOTHER	8. RELIGION <u>Catholic</u>		41 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 48 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 49 50 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 51 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 52 54 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 55 56 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 61 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 62 64 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 65 66 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 67 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 68 69 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 70 72 74 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 76 78 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 81 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 86 87 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 2600 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 88 91 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 83 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 84 <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 09-24-80 37200 09-15-2000																																																																																																																			
9a. Total number of children born alive: <u>5</u>		b. No. of children still living including this birth: <u>6</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>1</u> years																																																																																																																				
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Car-ipsa Saybay Leyte</u>		13. NAME (First) (Middle) (Last) <u>Roneo</u> <u>S.</u> <u>De Lara</u>																																																																																																																				
FATHER	14. CITIZENSHIP <u>filipino</u>		15. RELIGION <u>Catholic</u>																																																																																																																			
	16. OCCUPATION <u>farmer</u>		17. Age at the time of this birth: <u>22</u> years																																																																																																																			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 24, 1980-Hindang, Leyte</u>																																																																																																																					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:00</u> <u>pm</u> o'clock <u>pm</u> on the date stated above.																																																																																																																				
Signature <u>Maria Avelina</u> Name in Print <u>Maria Avelina</u> Title or Position <u>Registrar III</u>		Address _____ Date <u>January 19, 2000</u>																																																																																																																				
20. INFORMANT Signature <u>Romeo de Lara</u> Name in Print <u>Romeo de Lara</u> Relationship to the child <u>Father</u>		Address _____ Date <u>January 19, 2000</u>																																																																																																																				
21. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date <u>January 19, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date <u>2-15-2000</u>																																																																																																																				



CSM