



Municipal Form No. 102
(Revised January 2007)

accomplished in quadruplicate using black ink

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

Province LEYTE Registry No. 2013-45704-17-001
City/Municipality CALUBIAN

CHILD
1. NAME (First) (Middle) (Last)
MARLON MARSONIA
2. SEX (Male / Female) MALE
3. DATE OF BIRTH (Day) (Month) (Year)
23 MARCH 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
IGANG CALUBIAN LEYTE
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 siblings to previous live births including that child) (First, Second, Third, etc.) EIGHTH
6. WEIGHT AT BIRTH 2500 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
VIOLETA RAMO MARSONIA
8. CITIZENSHIP FILIPINO
9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 08
10b. No. of children still living including this birth 08
10c. No. of children born alive but are now dead 00
11. OCCUPATION HOUSEKEEPER
12. AGE at the time of this birth (completed years) 39
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
IGANG CALUBIAN LEYTE PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
UNKNOWN
15. CITIZENSHIP NOT APPLICABLE
16. RELIGION/RELIGIOUS SECT NOT APPLICABLE
17. OCCUPATION NOT APPLICABLE
18. AGE at the time of this birth (completed years) N/A
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
NOT APPLICABLE

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/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 08:00 AM am/pm on the date of birth specified above.
DECEASED

Signature _____ Address BRGY. IGANG, CALUBIAN, LEYTE
Name in Print ENCARNACION LIPANGUE
Title or Position TRADITIONAL MIDWIFE Date MAY 20, 2013

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature Violeta Siat
Name in Print VIOLETA SIAT
Relationship to the Child MOTHER
Address BRGY OBISPO, CALUBIAN, LEYTE
Date MAY 20, 2013

23. PREPARED BY
Signature _____
Name in Print RONA A. UMPAD
Title or Position MCR CLERK
Date MAY 20, 2013

24. RECEIVED BY
Signature _____
Name in Print RONA A. UMPAD
Title or Position MCR CLERK
Date MAY 20, 2013

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print ENGR. NOEL G. EAMIGUEL
Title or Position MUNICIPAL CIVIL REGISTRAR
Date JUNE 4, 2013

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

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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010802160803713 + + + +