

(Copy for OCRB)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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>95-4514</u>	
City/Municipality <u>Ormae</u>			
1. NAME (First) (Middle) (Last) <u>MARIE ILA</u> <u>SAGAY</u> <u>CATAROS</u>			
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>07 November 1995</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Ormae Maternity & Children's Hospital</u> <u>Ormae City</u> <u>Leyte</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
6. MAIDEN NAME (First) (Middle) (Last) <u>ROSARY CHARITY</u> <u>SAGAY</u> <u>CATAROS</u>		7. CITIZENSHIP <u>PHL</u>	
8. RELIGION <u>R.C.</u>		9a. Total number of children born alive: <u>4</u>	
9b. No. of children still living including this birth: <u>1</u>		9c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>None</u>		11. Age at the time of this birth: <u>04</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Punta</u> <u>Ormae City</u> <u>Leyte</u>		13. NAME (First) (Middle) (Last) <u>N/A</u>	
14. CITIZENSHIP <u>N/A</u>		15. RELIGION	
16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: _____ years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</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>1:43</u> am o'clock am/pin on the date stated above.			
Signature _____ Name in Print <u>GERONIMO SAGAY, M.D.</u> Title or Position <u>OB-GYN</u>		Address <u>Ormae Maternity & Children's Hospital</u> Date <u>11/07/95</u>	
20. INFORMANT Signature _____ Name in Print <u>MICHELLE S. CATAROS</u> Relationship to the child <u>Grandmother</u> Address <u>Punta, Ormae City</u> Date <u>11/10/95</u>			
21. PREPARED BY Signature _____ Name in Print <u>ANIELITA ANTIGAS, R.H.</u> Title or Position <u>Midwife/Field</u> Date <u>11/09/95</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ARSHILLING SILVA</u> Title or Position <u>City Civil Registrar</u> Date <u>11-21-95</u>	

For OCRB USE ONLY:
Population Reference No. 20-00-1113-1

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

