



Official Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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, 6b and 19a.)

Province LEYTE Registry No. 201/301/60
City/Municipality TACLEBAN

1. NAME (First) (Middle) (Last) <u>DIANA BIANCA BODO OCTAVIANO</u>		
2. SEX <u>1 Male</u> <u>2 Female</u>		3. DATE OF BIRTH (Day) (month) (year) <u>26 April 1999</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Easter Vigil Regional Medical Center, Tacleban City</u>		
5a. TYPE OF BIRTH <u>X 1 Single</u> <u>2 Twin</u> <u>3 Triplet, etc.</u>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <u>2 Second</u> <u>3 Others, Specify</u>
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,400</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>LILIBETH LABICIG BODO</u>		
7. CITIZENSHIP <u>Philippine</u>		8. RELIGION <u>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		11. Age at the time of this birth: <u>27</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>House No. 85 San Jose, Tacleban City, Leyte</u>		
13. NAME (First) (Middle) (Last) <u>Diana Bianca Bodo Octaviano</u>		
14. CITIZENSHIP <u>Philippine</u>		15. RELIGION <u>Catholic</u>
16. OCCUPATION		17. Age at the time of this birth: <u>27</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 11/28/98 - San Jose, Tacleban City
X 1 Physician 2 Nurse 3 Midwife
X 4 Healer (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 5:54 PM o'clock am/pm on the date stated above.

Signature [Signature] Address LURIC, Tacleban City
Name in Print MA. MELISSA RADEL, M.D. Date _____
Title or Position _____

20. INFORMANT Medical Officer III Date April 26, 1999
Signature [Signature] Address Brgy. 85 San Jose, Tacleban City
Name in Print AL OCTAVIANO Date _____
Relationship to the child Father

21. PREPARED BY Father Date April 26, 1999
Signature [Signature] Signature _____
Name in Print SALVACION I. LERIOS Name in Print _____
Title or Position Clerk I Title or Position _____
Date April 26, 1999 Date _____

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2003910

48 2

49 50 2003910

58 05145

61 1

62 64 01 2005

65 69 1 1

70 72 74 01 01 05

75 79 220 23

81 05145

85 87 1 1 2590

88 91 230 22

93 1

94 1

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BEST POSSIBLE IMAGE



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PK700552093

BReN
03747-A99HS01-4

Documentary
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

