



(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 <u>OSBU</u>		Registry No. <u>2003 33545</u>		REMARKS/ANNOTATION
City/Municipality <u>OSBU CITY</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>ATASHA ANNE GANTILLAS</u>		For OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>01 NOV 2003</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>OSBU CITY MEDICAL CENTER OSBU CITY OSBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>X</u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>X</u> 1 First <u>X</u> 2 Second <u>X</u> 3 Others, Specify	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1ST</u>		d. WEIGHT AT BIRTH <u>2700</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MARIPE SUGLAN GANTILLAS</u>		41 <u>120533545</u>	
	7. CITIZENSHIP <u>FIL.</u>		48 <u>1</u>	
	8. RELIGION <u>R.C.</u>		49 50 <u>3 5V9102</u>	
	9a. Total number of children born alive: <u>3</u>		55 <u>2 1 0</u>	
	9b. No. of children still living including this birth: <u>3</u>		61 <u>1</u>	
9c. No. of children born alive but are now dead: <u>0</u>		62 64 <u>0 2710</u>		
10. OCCUPATION <u>None</u>		11. Age at the time of this birth: <u>30</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MC ARBURI OSBU CITY OSBU</u>		68 69 <u>1 1</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>UREGIONE</u>		70 72 74 <u>0 1 0 0</u>	
	14. CITIZENSHIP <u>N.A.</u>		76 78 <u>996 20</u>	
	15. RELIGION <u>N.A.</u>		81 <u>2 2 1 7 8</u>	
	16. OCCUPATION <u>N.A.</u>		85 87 <u>1 1</u>	
	17. Age at the time of this birth: <u>N.A.</u> years		88 91 <u>1 1</u>	
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>				93 <u>1</u>
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 Hilot (Traditional Midwife) <u>X</u> 5 Others (Specify)				94 <u>1</u>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:37 pm</u> o'clock am/pm on the date stated above.				000116
Signature <u>[Signature]</u> Name in Print <u>MARILYN SOLANA</u> Title or Position <u>M.D.</u>		Address <u>N. RADALSO AVENUE OSBU CITY</u> Date <u>NOV. 01, 2003</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MARIPE GANTILLAS</u> Relationship to the child <u>MOTHER</u>		Address <u>MC ARBURI OSBU CITY</u> Date <u>NOV. 01, 2003</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JUSTINA CLAUDIO</u> Title or Position <u>DR. NURSE</u> Date <u>NOV. 01, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ANGELINE T. ABAYAO</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>NOV 1 9</u>		

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BEST POSSIBLE IMAGE



BReN
02217-B03X401-3

Carmelita N. ERICTA
CARMELITA N. ERICTA
Administrator and Civil Registrar General