



(Copy for DCRG)

Mandatory 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 13a.)				
Province <u>OSDU</u>		Registrar No. <u>28039760</u>		[REMARKS/ANNOTATION]
City/Municipality <u>OSDU CITY</u>				
1. NAME (First) (Middle) (Last) <u>LOVELY MARIT</u> <u>FO</u>				
2. SEX ___ 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19</u> <u>MARCH</u> <u>2005</u>		
C H I L D	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>OSDU CITY HOSPITAL</u> <u>OSDU CITY</u> <u>OSDU</u>			
	5a. TYPE OF BIRTH ___ 1 Single <u>X</u> 2 Twin ___ 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify	
	c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>3rd</u>		d. WEIGHT AT BIRTH <u>3590</u> grams	
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>LADILLA SALADUA</u> <u>FO</u>			
	7. CITIZENSHIP <u>FLA.</u>		8. RELIGION <u>R.C.</u>	
	9a. Total number of children born alive: <u>3</u>	b. No. of children still being including this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>HOUSE</u>		11. Age at the time of this birth: <u>23</u> years	
F A T H E R	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>NATTAN ST., APAS LANUG</u> <u>OSDU CITY</u> <u>OSDU</u>			
	13. NAME (First) (Middle) (Last) <u>OSKAR</u>			
	14. CITIZENSHIP <u>FLA.</u>		15. RELIGION <u>R.C.</u>	
16. OCCUPATION <u>FLA.</u>		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.) <u>FLA.</u>				
19a. ATTENDANT ___ 1. Physician ___ 2. Nurse ___ 3. Midwife ___ 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 <u>5:10</u> p.m. o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>MRS. ESTHER ALBUQUERQUE</u> Title or Position <u>FLA.</u>		Address <u>60 BACALSO AVENUE</u> <u>OSDU CITY</u> Date <u>MARCH 19, 2005</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>LADILLA FO</u> Relationship to the child <u>MOTHER</u>		Address <u>NATTAN ST., APAS LANUG</u> <u>OSDU CITY</u> Date <u>MARCH 29, 2005</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BERNARD RAUULLO</u> Title or Position <u>FLA. NURSE</u> Date <u>MARCH 19, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>OSCAR E. MORALES</u> Title or Position <u>OFFICER IN CHARGE</u> Date <u>2005 APR 08</u>		

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

