Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines

# CERTIFICATE OF LIVE BIRTH

(Write complete, accurate and legible. Use black ink. Mark a cross (X) the appropriate answer in Items 2, 6a, 6b and 15a)

Province: SAMAR

City/Municipality: CALBAYOG

Registry No. 97 - 1993

REMARKS/ANNOTATION

FOR OCRG USE ONLY: Population Reference No. 6003-197353-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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1 062093

**CHILD**

1. NAME: BULALIO DAN (First) DUBOY (Middle) SOLA (Last)

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH: 26 MAY 1997 (Day) (Month) (Year)

4. PLACE OF BIRTH (Name of Hospital/Institution/Street, House No., Barrio, Sitio): CALBAYOG SANITARIUM & HOSPITAL (City/Municipality): CALBAYOG (Province): SAMAR

5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet etc.

5b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify

5c. BIRTH ORDER (the baby of the married mother including this delivery): FOURTH

5d. WEIGHT AT BIRTH: 7 lbs. 1 oz grams

**MOTHER**

6. MAIDEN NAME: FELY (First) - (Middle) ALVES (Middle) DUBOY (Last)

7. CITIZENSHIP: FILIPINO

8. RELIGION: ROMAN CATHOLIC

9a. Total number of children born alive: 4

b. No. of children still living including this birth: 4

c. No. of children born alive but now dead: 0

10. OCCUPATION: HOUSEWIFE

11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay): (City/Municipality): SAN ISIDRO (Province): N. SAMAR

**FATHER**

13. NAME: BULALIO (First) (Middle) GLEDIANA (Middle) SOLA (Last)

14. CITIZENSHIP: FILIPINO

15. RELIGION: ROMAN CATHOLIC

16. OCCUPATION: SANGGUNIANG BAYAN MEMBER

17. Age at the time of this birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish affidavit of Acknowledgment/Admission of Paternity on the back): NOVEMBER 26, 1986 San Isidro, Northern Samar

19a. ATTENDANT: X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (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 11:45 AM on the date stated above.

Signature: ___

Name in Print: ALVIN L. REYES, M.D.

Title of Position: President

Address: Calbayog Sanitarium and Hospital

Date: May 30, 1997

20. INFORMANT

Signature: ___

Name in Print: Bulalio D. Sola

Relationship to the child: Father

Address: San Isidro Northern Samar

Date: May 30, 1997

21. PREPARED BY

Signature: ___

Name in Print: NIMFA S. BACAMANTE

Title of Position: Brgy. Midwife

Date: May 30, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: ___

Name in Print: FELIX GUERRERO

Title of Position: CIVIL REGISTRAR

Date: June 10, 1997

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BEST POSSIBLE IMAGE

BRsN 06003-A97J505-0

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Lisa Grace S. Bersales

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