



Mandatory Form No. 102
Revised August 2018

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: LANAO DEL NORTE		Registry No.: 2014-1313	
City/Municipality: KAPATAGAN			
1. NAME (First) (Middle) (Last) LEIGH BERNADETTE SALAGUSTE			
2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 09 JUNE 2019		
4. PLACE OF BIRTH (Name of Hospital/Clinic, Institution) (City/Municipality) (Province) KAPATAGAN PROVINCIAL HOSPITAL KAPATAGAN LANAO DEL NORTE			
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (First of the total number of children living now, etc.) (First, Second, Third, etc.) FIRST	5d. WEIGHT AT BIRTH 2800 grams
7. MOTHER'S NAME (First) (Middle) (Last) BEVERLY PACTOL SALAGUSTE			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS BELT SEVENTH DAY ADVENTIST	
10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but since now dead 0	11. OCCUPATION HOUSEPARENT
12. AGE at the time of the birth (Completed years) 23			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) TAGUTIC KAPATAGAN LANAO DEL NORTE PHILIPPINES			
14. NAME (First) (Middle) (Last) UNKNOWN			
15. CITIZENSHIP NOT APPLICABLE		16. RELIGION/RELIGIOUS BELT NOT APPLICABLE	
17. OCCUPATION NOT APPLICABLE		18. AGE at the time of the birth (Completed years) N/A	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) NOT APPLICABLE			

MARRIAGE OF PARENTS (If not married, incomplete Affidavit of Acknowledgment/Declaration of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE
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21a. ATTENDANT:
 1. Physician 2. Nurse 3. Midwife 4. Healer (Traditional Birth Attendant) 5. Others (Specify): _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)
 I hereby certify that I attended the birth of the child who was born above at **08:15 PM** on the date of birth specified above.

Signature: William P. Canoy, MD Address: KAPATAGAN PROVINCIAL HOSPITAL
 Name in Print: **WILLIAM P. CANOY, MD**
 Title or Position: **MEDICAL OFFICER IV** Date: **JUNE 10, 2019**

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: Beverly Pactol Salaguste
 Name in Print: **BEVERLY PACTOL SALAGUSTE**
 Relationship to the Child: **MOTHER**
 Address: **TAGUTIC, KAPATAGAN, LON**
 Date: **JUNE 10, 2019**

23. PREPARED BY:
 Signature: Mila A. Durante
 Name in Print: **MILA A. DURANTE**
 Title or Position: **ADM. AIDE I**
 Date: **JUNE 10, 2019**

24. RECEIVED BY:
 Signature: Myrna M. Cuesta
 Name in Print: **MYRNA M. CUESTA**
 Title or Position: **REGISTRATION OFFICER I**
 Date: **6-10-19**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature: Myrna M. Cuesta
 Name in Print: **MYRNA M. CUESTA**
 Title or Position: **REGISTRATION OFFICER I**
 Date: **6-10-19**

REMARKS/ANNOTATIONS (For LCRG/DCRG Use Only)

TO BE FILLED-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

