



Form No. 102
(January 1993)
Republic of the Philippines
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.)

REMARKS/ANNOTATION

Province Leyte Registry No. 94692
City/Municipality Balo

1. NAME (First) (Middle) (Last)
NEW CAY ANTHONY CRISTO
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
23 June 1994

FOR OCR USE ONLY
Population Reference No.
739-A94MP01-3

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Leyte Provincial Hospital Balo, Leyte

(TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR)

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others. Specify _____

9400692

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
1st
d. WEIGHT AT BIRTH
3.2 kg grams

1

6. MAIDEN NAME (First) (Middle) (Last)
THELMA ANTHONY CRISTO

28230690

7. CITIZENSHIP 1 Filipino 2 Alien 3 Naturalized Citizen

8. RELIGION 1 Catholic 2 Other Christian 3 Muslim 4 Other

9a. Total number of children born alive 1
b. No. of children still living including this birth 1
c. No. of children born alive but are now dead 0

27698

10. OCCUPATION 1 Unemployed
11. Age at the time of this birth 37 years

1

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Brgy. Cavite, Along-Rang, Leyte

642208

13. NAME (First) (Middle) (Last)
RODOLFO GONZAGA BRILLO

14. CITIZENSHIP 1 Filipino 2 Alien 3 Naturalized Citizen
15. RELIGION 1 Catholic 2 Other Christian 3 Muslim 4 Other

1 1

16. OCCUPATION 1 Unemployed
17. Age at the time of this birth 33 years

1 1

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not named, accomplish All civil of Civil Registrar's Office of Cebu City at the back.)
June 7, 1977 Tacloban City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Star (Functional Midwife) 5 Others (Specify _____)

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 4:30 pm o'clock and put on the certificate above.)
Signature: _____ Address: Balo, Leyte
Name in Print: RODOLFO BRILLO
Title or Position: DR. R.O. BRILLO, M.D. Date: 7-21-94

1 1

21050

20. RECEIVED BY
Signature: _____ Address: Brgy. Cavite, Along-Rang, Leyte
Name in Print: THELMA BRILLO
Relationship to the child: Mother Date: 7-21-94

023 39

21. PREPARED BY
Signature: _____
Name in Print: Corazon Sanchez
Title or Position: casual
Date: 7-21-94

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: _____
Name in Print: MARIA D. NOVENA
Title or Position: MUN. CIVIL REGISTRAR
Date: JUL 22 1994

1 1

3010

