PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in duplicate)

2 - (Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink of a dark color. Place X before the appropriate answer in items 2, 5a, 5b and 15a.)

Province: Tacloban City
City/Municipality:
Registry No.:

1. NAME (First): [redacted] AGUILAR

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH: [redacted]

4. PLACE OF BIRTH: TACLOBAN CITY [redacted], Tacloban City, Leyte

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

b. IF MULTIPLE BIRTH, CHILD WAS: N/A 1 First ___ 2 Second ___ 3 Other, Specify

c. BIRTH ORDER: [redacted] (live births and total deaths including this delivery) (first, second, third, etc.)

d. WEIGHT AT BIRTH: ___ grams

6. MAIDEN NAME: MA. [redacted], DE LA [redacted]

7. CITIZENSHIP: [redacted]

8. RELIGION: [redacted]

9a. Total number of children born alive: 3

b. No. of children still living including this birth: [redacted]

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

10. OCCUPATION: [redacted]

11. Age of the mother at the time of this birth: [redacted] years

12. RESIDENCE: [redacted] Brgy. 9, Tacloban City, Tacloban City, Leyte (City/Municipality) (Province)

13. NAME: DONALD TRIMAN AGUILAR

14. CITIZENSHIP: [redacted]

15. RELIGION: [redacted]

16. OCCUPATION: [redacted]

17. Age of the father at the time of this birth: [redacted] years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If married, accomplish affidavit of marriage on the back.): [redacted], Leyte

19a. ATTENDANT: ___ 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 6:10 p.m. on the date stated above.

Signature: [redacted]
Name in Print: [redacted], M.D.
Title or Position: Medical Officer-IV
Address: Tacloban City Hospital, Santa Fe, Tacloban City
Date: September 9, 1993

20. INFORMANT: Same
Signature: [redacted]
Name in Print: MA. [redacted] AGUILAR
Relationship to the child: Mother
Address:
Date: September 9, 1993

PREPARED BY:
Signature: [redacted]
Name in Print: [redacted]
Title or Position: Clerk III
Date: September 9, 1993

21. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR:
Signature:
Name in Print:
Title or Position:
Date:

REMARKS/ANNOTATION

[redacted]

[redacted]

[redacted]