



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION REFER PROMPTLY TO RULE 20 OF ADMINISTRATIVE ORDER NO. 1, SERIES OF 1997 "LATE REGISTRATION"	
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 19a.)					
Province <u>LEYTE</u>		Registry No. <u>2009.4305</u>			
City/Municipality <u>TACLOBAN CITY</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>JASON</u> <u>LATINA</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>3 February 1994</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Tacloban City, Leyte</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>2480</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>Genet</u> <u>CEBU</u> <u>LATINA</u>				
MOTHER	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>None</u>		11. Age at the time of this birth: <u>27</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tacloban City, Leyte</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>(UNKNOWN)</u>				
	14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u>N/A</u>		
	16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u>N/A</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:55</u> o'clock <u>am/pm</u> on the date stated above. Signature <u>Don't know</u> Address <u>N/A</u> Name in Print _____ Title or Position _____ Date _____					
20. INFORMANT Signature <u>MA. GENET C. LATINA</u> Address <u>19 Sunny Hills, Subd., Talamban, Cebu City</u> Name in Print _____ Date <u>June 15, 2009</u> Relationship to the child <u>Mother</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>CITY EUGENIE T. ABALAYO</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>JUN 16 2009</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MSB JUDY H. BIRON</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>JUN 17 2009</u>		

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

