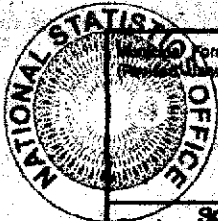


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Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION
Registered Pursuant
to R.A. 9253.

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, 9a, 9b and 10a.

Province <u>Southern Leyte</u>		Registry No. <u>06-184</u>	
City/Municipality <u>Pintuyan</u>			
1. NAME (First) (Middle) (Last) <u>RHANDRELL KEAT MEJIA SILVOSA</u>			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (Day) (Month) (Year) <u>26 July 2006</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>PINTUYAN DISTRICT HOSPITAL, Pintuyan, So. Leyte</u>			
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 (the births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>2,800</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>GAY KATHERINE LABRIAGA MEJIA</u>			
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>Housekeeper</u>		11. Age at the time of this birth: <u>23</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Pinut-an, San Ricardo, Southern Leyte</u>			
13. NAME (First) (Middle) (Last) <u>RHANDY DOHOSO SILVOSA</u>			
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>22</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>not married</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midol (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>8:27</u> o'clock any/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>DORISACIO DE GUZMAN, MD</u> Title or Position <u>MD - SAN RICARDO, So. Leyte</u>		Address <u>San Ricardo, So. Leyte</u> <u>July 26, 2007</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>GAY KATHERINE D. MEJIA</u> Relationship to the child <u>mother</u> Address <u>Pinut-an, San Ricardo, Southern Leyte</u> Date <u>July 26, 2006</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>CARMELITA N. ERICATA</u> Title or Position <u>Training Attendant I</u> Date <u>July 26, 2006</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>PERCITA J. ANORA</u> Title or Position <u>CLERK DESIGNATE</u> Date <u>08-07-06</u>	

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Documentary
Stamp Tax Paid

Carmelita N. Ericata
CARMELITA N. ERICATA
Administrator and Civil Registrar General
National Statistics Office