

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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>		Reglstry No. <u>2000-744</u>	
City/Municipality _____		_____	
1. NAME (First) (Middle) (Last) RICHARD JAK V. GLOBIO		For OCRG USE ONLY: Population Reference No. <u>3718-B00UQ01-9</u>	
2. SEX <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (Day) (Month) (Year) <u>24 OCTOBER 2000</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) SERRANO ST. BULAG, LEYTE			
5a. TYPE OF BIRTH <input 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) 3RD (first, second, third, etc.)		d. WEIGHT AT BIRTH 3175 grams	
6. MAIDEN NAME (First) (Middle) (Last) GIRLIE CANEZAL GERADO		41	
7. CITIZENSHIP FILIPINO		42 50	
8. RELIGION ROMAN CATHOLIC		43	
9a. Total number of children born alive: 3		b. No. of children living including this birth: 3	
c. No. of children born alive but are now dead: None		44 56	
10. OCCUPATION HOUSEWIFE		11. Age at the time of this birth: 24 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		45	
13. NAME (First) (Middle) (Last) ANTURO CALUBAY GEBBIO		46 51	
14. CITIZENSHIP FILIPINO		15. RELIGION ROMAN CATHOLIC	
16. OCCUPATION MEDIA PRACTICIONER		17. Age at the time of this birth: 32 years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JULY 15, 1998 @ TACLOBAN CITY			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		47 52	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 6:40 PM o'clock am/pm on the date stated above.			
Signature <i>Nancy C. Serrano</i> MS. NANCY C. SERRANO		Address DRGY. BUNTAY BULAG, LEYTE	
Name in Print PRIVATE MIDWIFE		Date Nov. 16, 2000	
Title or Position _____		Date _____	
20. INFORMANT Signature <i>Arturo C. Globio</i> ARTURO C. GLOBIO			
Name in Print FATHER		Address SERRANO ST. BULAG, LEYTE	
Relationship to the child _____		Date Nov. 16, 2000	
Date _____		Date _____	
21. PREPARED BY Signature <i>Nancy C. Serrano</i> MS. NANCY C. SERRANO		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Ayetana C. Lora</i> AYETANA C. LORA	
Name in Print PRIVATE NURSE		Name in Print CIVIL REGISTRAR	
Title or Position _____		Title or Position _____	
Date Nov. 16, 2000		Date _____	

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BReN
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Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

