



(Copy for OCRG)

Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

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>OM-3473</u>	REMARKS/ANNOTATION For OCRG USE ONLY: Population Reference No. <u>3938-2497-5</u> TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 64 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 <input type="checkbox"/> 76 <input type="checkbox"/> 79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 0500 88 <input type="checkbox"/> 91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 93 <input type="checkbox"/>
City/Municipality <u>Ormoc City</u>			
1. NAME (First) (Middle) (Last) <u>CLYRYL GYLE PELOSTRATOS SIA</u>			
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>9 July 1999</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Ormoc Maternity & Children's Hospital Ormoc City 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 (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>2676</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>EFIGEN YCOY PELOSTRATOS</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>R.C.</u>	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	
10. OCCUPATION <u>Accounting clerk</u>		11. Age at the time of this birth: <u>31</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Cogon Ormoc City Leyte</u>			
13. NAME (First) (Middle) (Last) <u>EDWIN SAQUE SIA</u>			
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>R.C.</u>	
16. OCCUPATION <u>Salesman</u>		17. Age at the time of this birth: <u>27</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 28, 1999 @ Ormoc City</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input 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>3:20 p.m.</u> o'clock am/pm on the date stated above.			
Signature <u>Lourdes Capahl, M.D.</u> Name in Print <u>LOURDES CAPAHL, M.D.</u> Title or Position <u>OB-GYNE</u>		Address <u>Ormoc Maternity & Children's Hospital</u> Date _____	
20. INFORMANT Signature <u>Edwin SIA</u> Name in Print <u>EDWIN SIA</u> Relationship to the child <u>Father</u>		Address <u>Cogon, Ormoc City</u> Date _____	
21. PREPARED BY Signature <u>Janet P. Chiong</u> Name in Print <u>JANET P. CHIONG</u> Title or Position <u>Finance Officer-I</u> Date <u>July 14, 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Delia L. Pitogo</u> Name in Print <u>DELIA L. PITOGO</u> Title or Position <u>Registration Officer-IV</u> Date <u>7-14-99</u>	

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Josie B. Perez
JOSIE B. PEREZ
 Assistant Secretary
 (Officer-in-Charge)

