



(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 Leyte Registry No. 99-7039
City/Municipality Tacloban City

1. NAME (First) (Middle) (Last)
Carldee Marie Pantinople Colina

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
31 October 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Remedios Trinidad Rosonldez Hospital, Calaninan, Tac. City, Leyte

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
1st d. WEIGHT AT BIRTH 2,110 grams

6. MAIDEN NAME (First) (Middle) (Last)
Mary Dee Blas Pantinople

7. CITIZENSHIP Filipino 8. RELIGION R. Catholic

9a. Total number of children born alive: one b. No. of children still living including this birth: one c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Brgy. 83 Rimas Paraiso, San Jose, Tacloban City, Leyte

13. NAME (First) (Middle) (Last)
Carlos Manigao Colina

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION Medical Representative 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
March 29, 1994; Colina City

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:27 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Remedios Trinidad Rosonldez Hospital, Calaninan, Tac. City
Name in Print Dr. Nilda Jim-Puevas Date November 03, 1999
Title or Position OB Consultant

20. INFORMANT
Signature [Signature] Address Brgy. 83, Rimas Paraiso San Jose, Tacloban City
Name in Print Mary Dee B. Colina Date November 03, 1999
Relationship to the child Mother

21. PREPARED BY
Signature [Signature] Name in Print Rinaldo A. Tee Title or Position Records in Charge Date November 03, 1999
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature] Name in Print KLARENCE D. KUL Title or Position CLERK Date NOV 04 1999

For OCRG USE ONLY:
Population Reference No.
9747A99VX01-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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Documentary
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[Signature]

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

