

(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 Southern Leyte		Registry No. 96-497
City/Municipality Lilean		
1. NAME (First) (Middle) (Last) DELOVE CAPOTE REYES		For OCRG USE ONLY: Population Reference No. 6406-A96RQ01-0
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) 24 August 1996	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Lilean Community Hospital		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) 1st (first, second, third, etc.)		41 9600497
d. WEIGHT AT BIRTH 2367 grams		48 1
6. MAIDEN NAME (First) (Middle) (Last) MILA AMPO CAPOTE		49 50 2 290896
7. CITIZENSHIP Filipino		56 64263
8. RELIGION Filipinista		61 1
9a. Total number of children born alive: 1	b. No. of children still living including this birth: 1	62 64 01 2807
c. No. of children born alive but are now dead: 0		68 69 1 2
10. OCCUPATION Housekeeper		70 72 74 01 01 00
11. Age at the time of this birth: 25 years		78 79 720 25
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Poblacion Lilean So. Leyte		81 64063
13. NAME (First) (Middle) (Last) RAYMUNDO CERELLA REYES		86 87 1 2
14. CITIZENSHIP Filipino		88 91 985 32
15. RELIGION Filipinista		93 1 05-16-75
16. OCCUPATION Driver		94 1 64063 2350
17. Age at the time of this birth: 30 years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) May 16, 1995 Poblacion, Lilean, So. Leyte		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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 6:30 P.M. o'clock am/pm on the date stated above.		
Signature _____ Address Poblacion, Lilean		
Name in Print JEROME O. PALER, M.D. So. Leyte		
Title or Position Med. Officer III Date August 27, 1996		
20. INFORMANT Signature _____ Address Lilean, So. Leyte		
Name in Print RAYMUNDO REYES		
Relationship to the child Father Date August 27, 1996		
21. PREPARED BY Signature _____		
Name in Print IGNACIA ABIERA		
Title or Position Nursing Attendant Date August 27, 1996		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____		
Name in Print ENGR. WILLIAM M. CHUA		
Title or Position MPDC & Mun. Civil Reg. Date September 3, 1996		

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Administrator and Civil Registrar General
National Statistics Office