



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
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>4734</u>		REMARKS/ANNOTATION
City/Municipality <u>Tacloban</u>				
1. NAME (First) (Middle) (Last) <u>MARI JASON LUMBRE</u>				
2. SEX <u>X</u> 1. Male <u> </u> 2. Female		3. DATE OF BIRTH (day) (month) (year) <u>16 June 1994</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>EASTERN SAMAR REGIONAL MEDICAL CENTER, TACLOBAN CITY</u>				
5a. TYPE OF BIRTH <u>X</u> 1. Single <u> </u> 2. Twin <u> </u> 3. Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1. First <u> </u> 2. Second <u> </u> 3. Others, Specify <u> </u>		
c. BIRTH ORDER (Live births and total deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>2,900</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>Yesyl Camaling Lumbré</u>				
7. CITIZENSHIP <u>Philippine</u>		8. RELIGION <u>Catholic</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>Housekeeper</u>		11. Age at the time of this birth <u>16</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>c/o DSWD Field Office 8, Tacloban City</u>				
13. NAME (First) (Middle) (Last) <u>M A</u>				
14. CITIZENSHIP <u>Philippine</u>		15. RELIGION <u>Catholic</u>		
16. OCCUPATION <u>NA</u>		17. Age at the time of this birth <u> </u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NA</u>				
19a. ATTENDANT <u>X</u> 1. Physician <u> </u> 2. Nurse <u> </u> 3. Midwife <u> </u> 4. Pilot (Traditional Midwife) <u> </u> 5. Others (Specify) <u> </u>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:34</u> am o'clock and pin on the date stated above. Signature <u>[Signature]</u> Address <u>SWMD, Tacloban City</u> Name in Print <u>ATLITA APA JO</u> Title or Position <u>Med. Officer III</u> Date <u>6-16-94</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>c/o DSWD, Field Office 8, Tacloban City</u> Name in Print <u>YESYL LUMBRE</u> Relationship to the child <u>mother</u> Date <u>6-16-94</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>OLIVIA S. GAMBIO</u> Title or Position <u>clerk III</u> Date <u>6-16-94</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>MISS JUAN M. BORJA</u> Name in Print <u>CIVIL REGISTRATION OFFICER IV TACLOBAN CITY</u> Title or Position <u>JUN 1 1994</u>				

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Administrator and Civil Registrar General
National Statistics Office