



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)	REMARKS/ANNOTATION
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p align="center">(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 6b and 16a.)</p>			
Province <u>Laguna</u>		Registry No. <u>0195-1791</u>	<p>For OCRG USE ONLY: Population Reference No.</p> <p>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>41 <u>90301791</u></p> <p>46 <u>1</u></p> <p>50 <u>060429</u></p> <p>56 <u>34973</u></p> <p>61 <u>1</u></p> <p>65 <u>03</u> <u>2810</u></p> <p>66 <u>1</u> <u>1</u></p> <p>70 <u>03</u> <u>03</u> <u>06</u></p> <p>76 <u>X</u> <u>70</u> <u>32</u></p> <p>81 <u>37273</u></p> <p>86 <u>1</u> <u>1</u> <u>1000</u></p> <p>87 <u>X</u> <u>20</u> <u>34</u></p> <p>91 <u>1</u></p> <p>94 <u>1</u></p>
City/Municipality <u>Tacloban City</u>			
1. NAME (First) <u>RY ADRIANT</u> (Middle) <u>MACILIZON</u> (Last) <u>GABOR</u>			
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>06 April 2003</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Bethany Hospital</u> <u>Tacloban City</u> <u>Laguna</u>			
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____	
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>Third</u>		d. WEIGHT AT BIRTH <u>1250</u> grams	
6. MAIDEN NAME (First) <u>CRISTINA</u> (Middle) <u>DETA-ROO</u> (Last) <u>MACILIZON</u>			
7. CITIZENSHIP <u>Philippine</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>	
10. OCCUPATION <u>Gov't. Employee</u>		11. Age at the time of this birth: <u>32</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. 95-A, Calibaran,</u> <u>Tacloban City</u> <u>Laguna</u>			
13. NAME (First) <u>KIMMY</u> (Middle) <u>GODILLA</u> (Last) <u>GABOR</u>			
14. CITIZENSHIP <u>Philippine</u>		15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Gov't. Employee</u>		17. Age at the time of this birth: <u>34</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 20, 1993 - La Paz, Laguna</u>			
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:46 A.M.</u> o'clock am/pm on the date stated above.			
Signature <u>Dr. C. R. Castillo, M.D.</u> Address <u>Bethany Hospital</u> <u>Tacloban City</u> Name in Print <u>Attending Physician</u> Date <u>April 11, 2003</u> Title or Position _____			
20. INFORMANT Signature <u>JOSEPH G. GABOR</u> Address <u>Brgy. 95-A, Calibaran,</u> <u>Tacloban City</u> Name in Print <u>Father</u> Date <u>April 11, 2003</u> Relationship to the child _____			
21. PREPARED BY Signature <u>MARIA ROSA COOPER ADRI</u> Name in Print <u>Clara</u> Title or Position _____ Date <u>April 11, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>JUDY H. CRUA</u> Name in Print <u>JUDY H. CRUA</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date _____	

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

