



(Copy for OCRG)

Municipal 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 15a.)

Province <u>LEYTE</u>		Registry No. <u>2000-2657</u>	REMARKS/ANNOTATION 1. Late Registration. 2. With affidavit of admission of paternity. 3. Legitimated by subsequent marriage of parents on March 30, 2000 at Merida, Leyte
City/Municipality <u>ORMOG</u>			
1. NAME (First) <u>NIA</u> (Middle) <u>RADE</u> (Last) <u>SOLANA</u> 2. SEX <u>1</u> Male <u>X</u> 2 Female 3. DATE OF BIRTH (day) <u>19</u> (month) <u>May</u> (year) <u>1999</u>		For OCRG USE ONLY: Population Reference No.	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Ormo District Hospital Ormo</u> (City/Municipality) <u>Leyte</u> (Province) 5a. TYPE OF BIRTH <u>X</u> 1 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 (live births and fetal deaths including this delivery) <u>third</u> (first, second, third, etc.) d. WEIGHT AT BIRTH <u>2,418</u> grams		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
CHILD	6. MAIDEN NAME (First) <u>MARIE</u> (Middle) <u>RADE</u> (Last) <u>SOLANA</u> 7. CITIZENSHIP <u>Filipino</u> 8. RELIGION <u>R. Catholic</u> 9a. Total number of children born alive: <u>3</u> b. No. of children still living including this birth: <u>3</u> c. No. of children born alive but are now dead: <u>0</u>		41 <u>2</u> <u>0</u> <u>0</u> <u>0</u> <u>2</u> <u>6</u> <u>5</u> 48 <u>2</u> 49 <u>2</u> 50 <u>1</u> <u>7</u> <u>0</u> <u>5</u> <u>7</u> <u>7</u> 56 <u>3</u> <u>7</u> <u>3</u> <u>8</u> <u>2</u> 61 <u>1</u> 62 <u>0</u> <u>3</u> 64 <u>2</u> <u>4</u> <u>1</u> <u>8</u> 68 <u>1</u> 69 <u>1</u> 70 <u>6</u> <u>3</u> 72 <u>0</u> <u>3</u> 74 <u>0</u> <u>0</u> 76 <u>2</u> <u>2</u> <u>0</u> 78 <u>3</u> <u>5</u> 81 <u>3</u> <u>7</u> <u>3</u> <u>6</u> <u>6</u> 86 <u>1</u> 87 <u>1</u> 88 <u>2</u> <u>9</u> <u>0</u> 91 <u>4</u> <u>5</u> 93 <u>2</u>
	10. OCCUPATION <u>housewife</u> 11. Age at the time of this birth: <u>35</u> years 12. RESIDENCE (House No., Street, Barangay) <u>Feb. Merida</u> (City/Municipality) <u>Leyte</u> (Province)		
	13. NAME (First) <u>OSCAR</u> (Middle) <u>BAUTISTA</u> (Last) <u>GALLEGO</u> 14. CITIZENSHIP <u>Filipino</u> 15. RELIGION <u>R. Catholic</u> 16. OCCUPATION <u>none</u> 17. Age at the time of this birth: <u>45</u> years		
MOTHER	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>		
	19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (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>3:10 A.M.</u> o'clock am/pm on the date stated above.		
	Signature <u>[Signature]</u> Address <u>Ormo District Hospital</u> Name in Print <u>MARGARITA L. NAFASINDAYAO, R.N.</u> Ormo City, Leyte Title or Position <u>Medical Officer IV</u> Date <u>April 03, 2000</u>		
FATHER	20. INFORMANT Signature <u>[Signature]</u> Address <u>Feb. Merida, Leyte</u> Name in Print <u>MARGIE R. GALLEGO</u> Relationship to the child <u>mother</u> Date <u>April 03, 2000</u>		
	21. PREPARED BY Signature <u>[Signature]</u> Address <u>Ormo City</u> Name in Print <u>JOSEPHINE A. COLINA</u> Title or Position <u>Clerk I</u> Date <u>April 03, 2000</u>		
	Signature <u>[Signature]</u> Address <u>Ormo City</u> Name in Print <u>DR. ARCHILLES A. SILVA, MPA, IM</u> Title or Position <u>Registrar</u> Date <u>April 03, 2000</u>		

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Documentary
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Lisa Grace S. Bersales

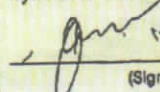
LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, OSCAR B. CALLEGOS and _____
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the
information contained herein are true and correct to the best of our/my knowledge and belief.


(Signature of Father)

(Signature of Mother)

Community Tax No. 17565113
Date Issued 03-29-2000
Place Issued Merida, Leyte

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this 12th day of May, 2000
at Ormoc City, Leyte, Philippines.


(Signature of Administering Officer)

DR. ARCHILLES A. SILVA, MPA, IM
(Name in Print)

City Civil Registrar
(Title/Designation)
Ormoc City
(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

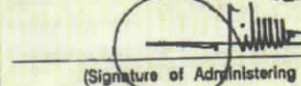
I, MARIE S. CALLEGOS, of legal age, single/married
and with residence and postal address at Pob. Merida, Leyte
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on May 10, 1999 at OPH, Ormoc City
3. That I/he/she was attended at birth by Margarita Napasindayao, M.D. who resides at Ormoc City
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were ☐ married on _____ at _____
☐ not married but was acknowledge by my/his/her father whose name is Oscar B. Callegos
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of establishing birth record
8. ☐ (For the applicant only) That I am married to _____
☐ (For the father/mother/guardian) That I am the _____ of the said person.


(Signature of Affiant)

Community Tax No. 17565113
Date Issued 03-29-2000
Place Issued Merida, Leyte

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at Ormoc City, Leyte, Philippines.


(Signature of Administering Officer)

DR. ARCHILLES A. SILVA, MPA, IM
(Name in Print)

City Civil Registrar
(Title/Designation)
Ormoc City

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Philippine Statistics Authority