



(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 <b>Negros Oriental</b>   |  | Registry No. <b>96-698</b>   |  |
| City/Municipality <b>Dumaguete City</b>   |  |  |  |
| <b>1. NAME</b> (First) <b>BENJIE JR.</b> (Middle) <b>TOLBO</b> (Last) <b>MALAYANG</b>   |  |  |  |
| <b>2. SEX</b><br><input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female   |  | <b>3. DATE OF BIRTH</b> (day) (month) (year)<br><b>26 February 1996</b>  |  |
| <b>4. PLACE OF BIRTH</b> (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)<br><b>Silliman University Medical Center, Dgt., City, Neg. Oriental</b>   |  |  |  |
| <b>5a. TYPE OF BIRTH</b><br><input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.   |  | <b>5b. IF MULTIPLE BIRTH, CHILD WAS</b><br><input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify   |  |
| <b>6. BIRTH ORDER</b> (live births and fetal deaths including this delivery)<br><b>First</b> (first, second, third, etc.)   |  | <b>7. WEIGHT AT BIRTH</b><br><b>3062</b> grams   |  |
| <b>8. MAIDEN NAME</b> (First) <b>Florita</b> (Middle) <b>Silva</b> (Last) <b>Tolbo</b>  |  |  |  |
| <b>9. CITIZENSHIP</b> <b>Filipino</b>   |  | <b>10. RELIGION</b> <b>Roman Catholic</b>  |  |
| <b>11. Total number of children born alive:</b> <b>1</b>  |  | <b>12. No. of children still living including this birth:</b> <b>1</b>   |  |
| <b>13. OCCUPATION</b> <b>Housewife</b>  |  | <b>14. Age at the time of this birth:</b> <b>27</b> years  |  |
| <b>15. RESIDENCE</b> (House No., Street, Barangay) (City/Municipality) (Province)<br><b>Hibbard Avenue, Bantayan, Dgt., City, Neg. Or.</b>  |  |  |  |
| <b>16. NAME</b> (First) <b>Benjie Sr.</b> (Middle) <b>Flores</b> (Last) <b>Malayang</b>   |  |  |  |
| <b>17. CITIZENSHIP</b> <b>Filipino</b>  |  | <b>18. RELIGION</b> <b>Roman Catholic</b>  |  |
| <b>19. OCCUPATION</b> <b>Seaman</b>   |  | <b>20. Age at the time of this birth:</b> <b>22</b> years  |  |
| <b>21. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br><b>June 29, 1995, Manila</b>   |  |  |  |
| <b>22. ATTENDANT</b><br><input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife<br><input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)  |  |  |  |
| <b>23. CERTIFICATION OF BIRTH</b><br>I hereby certify that I attended the birth of the child who was born alive at <b>1:34</b> o'clock <b>am/pm</b> on the date stated above.<br>Signature <b>Maria Verna Taburaza Reyes, M.D.</b> Address <b>Silliman University Medical Center, Dgt., City, Neg. Oriental</b><br>Name in Print <b>MARIA VERNA TABURAZA REYES, M.D.</b> Date <b>February 27, 1996</b><br>Title or Position <b>Attending Obstetrician</b> |  |  |  |
| <b>24. INFORMANT</b><br>Signature <b>Benjie Malayang Sr.</b> Address <b>Hibbard Avenue, Bantayan, Dgt., City, Neg. Or.</b><br>Name in Print <b>Benjie Malayang Sr.</b> Date <b>February 27, 1996</b><br>Relationship to the child <b>Father</b>   |  |  |  |
| <b>25. PREPARED BY</b><br>Signature <b>Mrs. Manila P. Paalan</b><br>Name in Print <b>Mrs. Manila P. Paalan</b><br>Title or Position <b>Head, Med. Rec. and Lib.</b><br>Date <b>February 27, 1996</b>  |  | <b>26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b><br>Signature <b>Benjie Malayang Sr.</b><br>Name in Print <b>Benjie Malayang Sr.</b><br>Title or Position <b>Father</b><br>Date <b>February 27, 1996</b> |  |

For OCRG USE ONLY:  
Population Reference No.

4610-A96CS01-2

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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06521-56-429MCM-00112-BI001

BEST POSSIBLE IMAGE



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CL50014 1468

BRen

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Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority