



(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 _____		Registry No. _____	
City/Municipality _____			
1. NAME (First) (Middle) (Last)		For OCRG USE ONLY: Population Reference No. _____	
2. SEX 1 Male 2 Female		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
3. DATE OF BIRTH (day) (month) (year)		41	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay)		48	
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.		49	
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____		50	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)		56	
d. WEIGHT AT BIRTH _____ grams		61	
6. MAIDEN NAME (First) (Middle) (Last)		62	
7. CITIZENSHIP		64	
8. RELIGION		68	
9a. Total number of children born alive: _____		69	
b. No. of children still living including this birth: _____		70	
c. No. of children born alive but are now dead: _____		72	
10. OCCUPATION		74	
11. Age at the time of this birth: _____ years		76	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		79	
13. NAME (First) (Middle) (Last)		81	
14. CITIZENSHIP		86	
15. RELIGION		87	0850
16. OCCUPATION		88	
17. Age at the time of this birth: _____ years		91	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)		93	
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify) _____		94	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.			
Signature _____ Address _____ Name in Print _____ Date _____ Title or Position _____			
20. INFORMANT Signature _____ Address _____ Name in Print _____ Date _____ Relationship to the child _____			
21. PREPARED BY Signature _____ Address _____ Name in Print _____ Date _____ Title or Position _____			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Address _____ Name in Print _____ Date _____ Title or Position _____			

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Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office