



(To be accomplished in quadruplicate)

REMARKS / ANNOTATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Fill and completely, accurately and legibly. Use ink or typewriter  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

City of Form No. 102  
(Revised January 1993)

Province _____		Registry No. _____	
City _____			
CHILD	1. NAME (First) (Middle) (Last)		
	2. SEX 1 Male 2 Female	3. DATE OF BIRTH (day) (month) (year)	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City) (Province)		
	5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second Others, Specify _____	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)	d. WEIGHT AT BIRTH _____ grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last)		
	7. CITIZENSHIP	8. RELIGION	
	9a. Total number of children born alive: _____	b. No. of children still living including this birth: _____	c. No. of children born alive but are now dead _____
	10. OCCUPATION	11. Age at the time of this birth: _____ years	
	12. RESIDENCE (House No., Street, Barangay) (City) (Province)		
FATHER	13. NAME (First) (Middle) (Last)		
	14. CITIZENSHIP	RELIGION	
	16. OCCUPATION	17. Age at the time of this birth: _____ years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS			
19a. ATTENDANT			
19b. CERTIFICATION OF BIRTH			
20. INFORMANT			
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	