



(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 **Zamboanga del Sur** Registry No. **97-603**  
City/Municipality **Midsalip**

1. NAME (First) (Middle) (Last)  
**GIMARIE SUAREZ LOPECILLO**

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
**09 December 1997**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
**Bibilop, Midsalip, Zamboanga del Sur**

5a. TYPE OF BIRTH  1 Single  2 Twin  3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  1 First  2 Second  N/A

c. BIRTH ORDER (live births and fetal deaths including this delivery) **1st** (first, second, third, etc.)  
d. WEIGHT AT BIRTH **2268** grams

6. MAIDEN NAME (First) (Middle) (Last)  
**Gina Paragose Suares**

7. CITIZENSHIP **Filipino** 8. RELIGION **R. Catholic**

9a. Total number of children born alive: **1**  
b. No. of children still living including this birth: **1**  
c. No. of children born alive but are now dead: **0**

10. OCCUPATION **Housekeeper** 11. Age at the time of this birth: **19** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
**Bibilop, Midsalip, Zamboanga del Sur**

13. NAME (First) (Middle) (Last)  
**Marie Bucod Lopezillo**

14. CITIZENSHIP **Filipino** 15. RELIGION **R. Catholic**

16. OCCUPATION **Rice Farmer** 17. Age at the time of this birth: **29** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**27 July 1996, Midsalip, Zamboanga del Sur**

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  
 4 Hilot (Traditional Midwife)  5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **2:30** o'clock **am/pm** on the date stated above.

Signature *Maria-Miding Dag-Uman* Address **Bibilop, Midsalip, Zamboanga del Sur**  
Name in Print **MARIA-MIDING DAG-UMAN**  
Title or Position **T. Midwife** Date **15 December 1997**

20. INFORMANT  
Signature *Maric B. Lopezillo* Address **Bibilop, Midsalip, Zamboanga del Sur**  
Name in Print **MARIC B. LOPECILLO**  
Relationship to the child **Father** Date **15 December 1997**

21. PREPARED BY  
Signature *Josie J. Artana* RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Name in Print **JOSIE J. ARTANA**  
Title or Position **Asst. MGR** Date **15 December 1997**

For OCRG USE ONLY:  
Population Reference No.

**132-1972901-4**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 **97010603**

48 **1**

49 50 **2 0911297**

56 **173189**

61 **1**

62 64 **11 2268**

68 69 **1 1**

70 72 74 **11 07 00**

76 79 **220 19**

81 **173189**

86 87 **1 1 2390**

88 91 **612 99**

93 **1**

94 **4**

03702-C1-729JBO-00123-BI005

BEST POSSIBLE IMAGE



29037027290012302192010005

WF300349924

BReN  
07318-A972901-8

Documentary  
Stamp Tax Paid

*Carmelita N. ERICTA*  
CARMELITA N. ERICATA

Administrator and Civil Registrar General  
National Statistics Office

