

Pop # 10

(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, 6a, 6b and 19a.)

Province Misamis Occidental Registry No. 2003-1579  
City/Municipality Tangub City

CHILD	1. NAME (First (Middle) (Last)) <u>PRINCESS ANGEL LAPITAN PROCALLA</u>
	2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u> 3. DATE OF BIRTH (Day) (Month) (Year) <u>15 November 2003</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Doña Maria D. Tan Memorial Hospital, Tangub City Mis. Occ.</u>
	5a. TYPE OF BIRTH (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/> 4 Multiple Birth, Child was 1. First 2. Second 3. Others, Specify
MOTHER	c. BIRTH ORDER (Live births and fetal deaths including this delivery) (1st, second, third, etc.) <u>1st</u> d. WEIGHT AT BIRTH <u>1,700</u> grams
	6. MAIDEN NAME (First (Middle) (Last)) <u>Miriam Libre Kapitan</u>
	7. CITIZENSHIP <u>Filipino</u> RELIGION <u>R. C.</u>
	9a. Total number of children born alive <u>4</u> b. No. of children born alive but are now dead <u>0</u>
FATHER	10. OCCUPATION <u>Housekeeper</u> 11. Age at the time of this birth <u>25</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>San Juan, Tangub City, Mis. Occ.</u>
	13. NAME (First (Middle) (Last)) <u>Dina Sison Procalla</u>
	14. CITIZENSHIP <u>Filipino</u> RELIGION <u>R. C.</u>
OTHER	16. OCCUPATION <u>Driver</u> 17. Age at the time of this birth <u>19</u> years
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>June 16, 2003 Regional Office Court Branch 55, BALICE Justice Center, Zamboanga City</u>
	19a. A. PHYSICIAN <input checked="" type="checkbox"/> B. NURSE <input checked="" type="checkbox"/> C. MIDWIFE <input checked="" type="checkbox"/> D. Other (Specify) <u>None</u>
	19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>7:15 AM</u> o'clock am/pm on the date stated above.) Signature: <u>[Signature]</u> Address: <u>Davao, Tangub City</u>
COFFE	Name in Print: <u>FORBANE K. OYAGA</u> Date: <u>November 24, 2003</u>
	Title or Position: <u>Medical Officer III</u>
	20. INFORMANT Signature: <u>[Signature]</u> Address: <u>Canlaran, Tangub City</u>
	Name in Print: <u>DINA SISON</u> Date: <u>November 24, 2003</u>
COFFE	Relationship to the Child: <u>None</u>
	21. PREPARED BY Signature: <u>[Signature]</u> Address: <u>Canlaran, Tangub City</u>
	Name in Print: <u>FORBANE K. OYAGA</u> Date: <u>November 24, 2003</u>
	Title or Position: <u>Medical Officer III</u>
COFFE	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Address: <u>Canlaran, Tangub City</u>
	Name in Print: <u>FORBANE K. OYAGA</u> Date: <u>November 24, 2003</u>
	Title or Position: <u>Medical Officer III</u>
	Date: <u>November 24, 2003</u>

REMARKS/ANNOTATION

2150

3030/√7

1

2 15/103

42/√0

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National Statistician and Civil Registrar General  
Philippine Statistics Authority

