

(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, 5a, 5b and 19a.)

Province LANAO DEL NORTE Registry No. 95-06607
City/Municipality ILIGAN CITY

REMARKS/ANNOTATION

CHILD	1. NAME (First) (Middle) (Last) <u>NANA RSI</u> <u>JIMENEZ</u> <u>VILLAREAL</u>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15</u> <u>SEPTEMBER</u> <u>1995</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>GREGORIO T. LLUCH MEMORIAL HOSPITAL, ILIGAN CITY, LANA DEL NORTE</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>1871</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>REINA</u> <u>OPERO</u> <u>JIMENEZ</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
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>1552 MAUSAGON, SUAREZ, ILIGAN CITY, LANA DEL NORTE</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>VERGEL</u> <u>SUMATO</u> <u>VILLAREAL</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
	16. OCCUPATION <u>STUDENT</u>		17. Age at the time of this birth: <u>22</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JANUARY 11, 1995 - LINAON, LANA DEL NORTE

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 2:20 P.M. o'clock am/pm on the date stated above.

Signature _____ Address GREGORIO T. LLUCH MEMORIAL HOSPITAL, ILIGAN CITY
Name in Print MA. PATRIA G. ZAMORANOS, M.D. Date OCTOBER 4, 1995
Title or Position RESIDENT PHYSICIAN

20. INFORMANT
Signature _____ Address 1552 MAUSAGON, SUAREZ, ILIGAN CITY
Name in Print VERGEL S. VILLAREAL Date OCTOBER 4, 1995
Relationship to the child FATHER

21. PREPARED BY
Signature _____
Name in Print GUSTAV P. MENDOZA
Title or Position CHIEF EMPLOYEE
Date OCTOBER 4, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print REGISTRAR GENERAL
Title or Position CITY CIVIL REGISTRAR DESIG. N. BIRTH REGISTRY DIVISION
Date _____

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR:

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	00

Handwritten notes: 01/19/95, 35/05, 1006/95

Stamp: REGISTRAR GENERAL, ILIGAN CITY, OCT 06 1995

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

