



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 10a.)

Province _____		Registry No. <u>95-7178</u>		REMARKS/ANNOTATION
City/Municipality <u>BUTUAN CITY</u>				
1. NAME (First) (Middle) (Last) <u>THRISHA LYNE DIMAANO INSON</u>		For OCRG USE ONLY: Population Reference No. <u>122-187-002</u>		
2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>23 September 1998</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Manuel J. Santos Hospital, Montilla Blvd., Butuan City</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>7 lbs & 3 oz</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>LANILYN CAMPILAN DIMAANO</u>		41 <u>1807070</u>		
7. CITIZENSHIP <u>Fil.</u>		42 <u>230980</u>		
8. RELIGION <u>R. C.</u>		43 <u>07000</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>		44 <u>07000</u>		
10. OCCUPATION <u>Private Employee - appraiser</u>		11. Age at the time of this birth: <u>30</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>P-1 Brgy 3 San Francisco Agusan del Sur</u>		45 <u>07000</u>		
13. NAME (First) (Middle) (Last) <u>JOMELIE ALCANTARA INSON</u>		46 <u>07000</u>		
14. CITIZENSHIP <u>Fil.</u>		47 <u>07000</u>		
15. RELIGION <u>R. C.</u>		48 <u>07000</u>		
16. OCCUPATION <u>Lead Bank - Exec. Assistant</u>		49 <u>07000</u>		
17. Age at the time of this birth: <u>36</u> years		50 <u>07000</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Feb. 14, 1998 Sto. Niño Parish, Libertad, Butuan City</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Heilist (Traditional Midwife) <u>5</u> Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:00</u> o'clock am/pm on the date stated above.				
Signature _____ Name in Print <u>VIRGINIA MALENS FLORES, M.D.</u> Title or Position <u>Attending Physician</u> Date <u>Sept. 27, 1998</u>		Address <u>Manuel J. Santos Butuan City</u>		
20. INFORMANT Signature _____ Name in Print <u>JOMELIE A. INSON</u> Relationship to the child <u>Father</u>				
Address <u>P-1 Brgy 3, San Francisco, Agusan del Sur</u>		Date _____		
21. PREPARED BY Signature _____ Name in Print <u>GAUDIOSA G. BERRY</u> Title or Position <u>Clerk</u> Date <u>September 27, 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>SOLIMAN A. CRUZ</u> Title or Position <u>City Govt. Dept.</u> Date <u>9/26/98</u>		



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

