



(Copy for CGRG)

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 BOHOL		City/Municipality TAOBILARAN		Registry No. 99-2870	
1. NAME (First) (Middle) (Last) CHARM MARATA CAINGLES		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 02 SEPTEMBER 1999	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Tagbilaran Comm. Hospital Corp., City of Tagbilaran, Bohol		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
6. MAIDEN NAME (First) (Middle) (Last) Rhea Marie Torreon Caingles		7. CITIZENSHIP Filipino		8. RELIGION Roman Catholic	
9a. Total number of children born alive: 05		9b. No. of children still living including this birth: 05		9c. No. of children born alive but are now dead: 0	
10. OCCUPATION Housewife		11. Age at the time of this birth: 31 years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Dampas District, City of Tagbilaran, Bohol	
13. NAME (First) (Middle) (Last) Unknown		14. CITIZENSHIP N/A		15. RELIGION N/A	
16. OCCUPATION N/A		17. Age at the time of this birth: N/A years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) N/A	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 2:06 AM o'clock am/pm on the date stated above.		Signature F. Rocha Street Name in Print Ms. Trinidad O. Arambeta, M.D. Title or Position Attending Physician Date 03 September 1999	
20. INFORMANT Signature Rhea Marie T. Caingles Name in Print Rhea Marie T. Caingles Relationship to the child Mother		21. PREPARED BY Signature Procesa P. Poliojanos Name in Print Medical Clerk Title or Position 03 September 1999		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature GEORJA M. IPONG Name in Print Asst./Regn. Off. Title or Position September 14, 1999	

1910

For OCRG USE ONLY:
Population Reference No.
DAD. ACAT 204-3

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9 9 0 2 8 7 0

48 1

49 50 2 0 2 0 9 9 9

58 1 2 4 2 7

61 1

62 64 0 6 2 8 9 2

68 69 1 1

70 72 74 0 5 0 5 0

78 79 2 2 0 3

81 1 2 4 2 7

88 89 9 7

90 91 2 9 0 9 9

93 2

94 1 09-14-99

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BEST POSSIBLE IMAGE



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BReN
01242-A99T203-0

Documentary
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

