



(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 <u>Bukidnon</u>			Registry No. <u>99-458</u>		
City/Municipality <u>Kalilangan</u>					
1. NAME (First) (Middle) (Last) <u>JUDE BRYANNE ONDAYMOSO TIBAG-ONG</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>07 July 1999</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>St. Martins Clinic Central Poblacion Kalilangan, Bukidnon</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	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>First</u>		d. WEIGHT AT BIRTH <u>4037</u> grams		For OCRG USE ONLY Population Reference No. <u>1307-A99N701-4</u>	
6. MAIDEN NAME (First) (Middle) (Last) <u>FREDISWINDA TRIGUEROS ONDAYMOSO</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>Bank Employee</u>		11. Age at the time of this birth: <u>24</u> years		9 9 0 0 1 5 8	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Mahayahay, Pamotolon, Kalilangan, Bukidnon</u>		13. NAME (First) (Middle) (Last) <u>EDEVIDES QUIAPO TIBAG-ONG</u>		14. CITIZENSHIP <u>Filipino</u>	
15. OCCUPATION <u>Corp Farmer</u>		16. Age at the time of this birth: <u>27</u> years		1 0 7 0 7 9 9	
17. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>17 October 1998 Kalilangan, Bukidnon</u>		18. NAME (First) (Middle) (Last) <u>EDEVIDES QUIAPO TIBAG-ONG</u>		19. CITIZENSHIP <u>Filipino</u>	
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 <u>9:15</u> o'clock am/pm on the date stated above.		1 3 0 7 8	
Signature: <u>[Signature]</u> Name in Print: <u>REYNALDO GANNABAN M.D.</u> Title or Position: <u>Physician</u>		Address: <u>Central Poblacion Kalilangan, Bukidnon</u> Date: <u>19 July 1999</u>		1 1	
20. INFORMANT Signature: <u>[Signature]</u> Name in Print: <u>EDEVIDES TIBAG-ONG</u> Relationship to the child: <u>Father</u>		Address: <u>Mahayahay, Pamotolon Kalilangan, Bukidnon</u> Date: <u>19 July 1999</u>		0 1 2 2 7	
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>MELINDA G. BALU</u> Title or Position: <u>City Secretary</u> Date: <u>19 July 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>SATURNINO M. TORRES</u> Title or Position: <u>Mun. City Registrar</u> Date: <u>19 July 1999</u>		4	

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