

(Copy for OCRG)



Municipal Form No. 102 (To be accomplished in quadruplicate)
(Revised January 1993)

Republic of the Philippines
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 CEBU Registry No. 95-321
City/Municipality NAGA

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
Neil SAYAGO ALINSONORIN

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
N FEB. 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
NAGA NAGA CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) EIGHTH
d. WEIGHT AT BIRTH 3,400 grams

6. MAIDEN NAME (First) (Middle) (Last)
CATALINA BACALE SAYAGO

7. CITIZENSHIP FILIPINO 8. RELIGION PROTESTANT

9a. Total number of children born alive: 8
b. No. of children still living including this birth: 8
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 33 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
NAGA NAGA CEBU

13. NAME (First) (Middle) (Last)
SAMUEL CAÑETE ALINSONORIN

14. CITIZENSHIP FILIPINO 15. RELIGION PROTESTANT

16. OCCUPATION LABORER - (HOPER) 17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 17, 1979 - NAGA CEBU

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 5:00 o'clock a/m/p on the date stated above.
Signature Pacita Tana Address NAGA, NAGA CEBU
Name in Print PACITA TANA
Title or Position T.H. Date FEB. 14/94

20. INFORMANT
Signature Catalina Alinsonorin Address NAGA, NAGA CEBU
Name in Print CATALINA ALINSONORIN
Relationship to the child MOTHER Date FEB. 29/94

21. PREPARED BY
Signature [Signature]
Name in Print BRUNDA Pasquero
Title or Position PHM
Date 2/29/94

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ADELADA S. ALICANTE
Title or Position Registration Officer I
Date [Date]

FOR OCRG USE ONLY Population Reference No. <u>1134-A95CF02</u>	
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
41	<u>9500321</u>
42	<u>1</u>
43	<u>1150295</u>
44	<u>22343</u>
45	<u>1</u>
46	<u>08 2850</u>
47	<u>1 5</u>
48	<u>08 08 00</u>
49	<u>720 33</u>
50	<u>22343</u>
51	<u>1 5</u>
52	<u>999 37</u>
53	<u>051779</u>
54	<u>1</u>
55	<u>22343</u>
56	<u>02 1779</u>
57	<u>4</u>

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BEST POSSIBLE IMAGE



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VN300415649

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

