



Statistical Form No. 102 (Revised 1983)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE DAVAO ORIENTAL LOCAL CIVIL REGISTRY NO. 05-000
 CITY/MUNICIPALITY BAHAYBANY

1. NAME (First) JAREN (Middle) DELGADO (Last) TABLA
 2. SEX (Place 'X' on appropriate answer) 1 Male X 2 Female
 3. DATE OF BIRTH (Day) 13 (Month) AUGUST (Year) 1993
 4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give street/barangay) (City/Municipality) CAUSWAGAN (Province) DAVAO OR.

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single 2 Twin 3 Three or more
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc. 2/3

6. MAIDEN NAME (First) ANTHONIA (Middle) CASTILLA (Last) DELGADO
 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC
 9. NAME (First) CARMILO (Middle) ENSAY (Last) TABLA
 10. NATIONALITY FILIPINO 11. RELIGION ROMAN CATHOLIC
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgement at the back)
MAY 8, 1993 - SAN ISIDRO LABRADOR PARISH - BAHAYBANY DAVAO OR.

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 3:00 o'clock PM on the date stated above
 Signature Tedonia F. Tigtig Address CAUSWAGAN BAHAYBANY DAVAO OR.
 Name in print TIGTIG, TEDONIA F.
 Title or position TRADITIONAL MIDWIFE Date AUGUST 13, 1993

14. INFORMANT
 Signature J. J. Tigtig Address CAUSWAGAN BAHAYBANY DAVAO OR.
 Name in print CARMILO E. TABLA
 Relationship to child FATHER Date AUGUST 13, 1993

15a. PREPARED BY
 Signature RABEEL M. FRUHELIA
 Name in print RABEEL M. FRUHELIA
 Title or position ASST. MUN. CIVIL REGISTRAR
 Date AUGUST 17, 1993
 b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature RABEEL M. FRUHELIA
 Name in print RABEEL M. FRUHELIA
 Title or position ASST. MUN. CIVIL REGISTRAR
 Date AUGUST 17, 1993

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
 b. DATE WHEN INFORMATION WAS SUPPLIED 2510

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE DAVAO ORIENTAL Local Civil Registry No. 05000520 Registration Status 01
 CITY/MUNICIPALITY BAHAYBANY

RESERVE FOR BINDING

Child	17 Weight at Birth (in grams) <u>2722</u> <u>2722</u>	18 Birth Order of Child Ex. first, second, etc. <u>1st</u> <u>01</u>
	19a Total Number of Children Born Alive <u>1</u> <u>01</u>	b How many children are now living including this birth? <u>1</u> <u>01</u>
Mother	20 Usual Occupation <u>HOUSEWIFE</u> <u>200</u>	21 Age at the time of this Birth <u>32</u> <u>32</u>
	22 Usual Residence (Barangay) <u>CAUSWAGAN</u> (City/Municipality) <u>BAHAYBANY</u> (Province) <u>DAVAO OR.</u> <u>25023</u>	23 Usual Occupation <u>MECHANIC</u> <u>840</u>
Father	25 Attendant at Birth (Place 'X' on appropriate answer) <u>1 Physician</u> <u>2 Nurse</u> <u>3 Midwife</u> <u>X 4 H/O</u> <u>5 Others</u> <u>1</u> <u>1</u>	

Sex 2 Date of Birth 130893 Place of Birth 25023 Mother's Nationality 01 Father's Nationality 01

NAME OF CHILD
 First JAREN M.I. DELGADO Last TABLA

Concepcion