



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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 Misamis Oriental Registry No. 2000-14,450
City/Municipality Cagayan de Oro City

CHILD

1. NAME (First) ROSA PAITE (Middle) (Last) LINGAOLINGAO
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (Day) 13 (Month) September (Year) 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay
#045 Zone 10, Carmen, Cagayan de Oro City Mis. Or.

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) 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH 2507 grams

MOTHER

6. MAIDEN NAME (First) ROSA (Middle) (Last) LINGAOLINGAO
7. CITIZENSHIP Actual Born Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
#045 Zone 10, Carmen, Cagayan de Oro City Misamis Oriental

FATHER

13. NAME (First) (Middle) (Last)
14. CITIZENSHIP/A
15. RELIGION
16. OCCUPATION
17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
No marriage

19a. ATTENDANT X 1 Physician _____ 2 Nurse _____ 3 Midwife _____
X 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 am/pm on the date stated above.

Signature Luzaga R. Legan Address Sacred Heart Village, Carmen, Cagayan de Oro City
Name in Print Dr. Luzaga R. Legan Date 18 October 2000
Title or Position _____

20. INFORMANT
Signature Wanda O. Lingaolingao Address #045 Zone 10, Carmen, Cagayan de Oro City
Name in Print mother Date 18 October 2000
Relationship to the child _____

21. PREPARED BY
Signature Edwin I. Gellerio
Name in Print Registration Officer
Title or Position _____ Date 18 October 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ISO G. Vido
Name in Print Civil Registrar
Title or Position _____ Date 18 October 2000

REMARKS/ANNOTATION

4305-B00TJ22-C

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43059

0500

0500

0500

08980-32-400ET1-00200-BI001

BEST POSSIBLE IMAGE



T002089804000020008022024001



CSM

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

