



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.)

1220-A94KF01-7

Province BOHOL Registry No. 94-97
City/Municipality DIMIAO

1. NAME (First) (Middle) (Last)
JELL MAY B. IDUL

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
15 May 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Lineken Ilaya Dimiao Bohol

5a. TYPE OF BIRTH X 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.) 4th

d. WEIGHT AT BIRTH grams

6. MAIDEN NAME (First) (Middle) (Last)
Leoneza P. Balde

7. CITIZENSHIP Filipino

8. RELIGION Iglesia Ni Cristo

9a. Total number of children born alive: 4

b. No. of children still living including this birth: 4

c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife

11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Lineken Ilaya Dimiao Bohol

13. NAME (First) (Middle) (Last)
Pedro Jr. J. Idul

14. CITIZENSHIP Filipino

15. RELIGION Iglesia Ni Cristo

16. OCCUPATION Farming

17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Las Pifias, February 1985 - - - Manila

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 o'clock am/pm on the date stated above.

Signature Eulalia Yecyec Address Lineken Ilaya, Dimiao
Name in Print EULALIA YECYEC
Title or Position Hilot Date 15 May 1994

Signature Remedios B. Gamayon Address Lineken Ilaya, Dimiao
Name in Print REMEDIOS B. GAMAYON
Relationship to the child Auntie Date 30 May 1994

21. PREPARED BY
Signature Lucinda L. Lagua
Name in Print LUZMINDA L. LAGUA
Title or Position Asst. LCR
Date 30 May 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Lucinda L. Lagua
Name in Print LUZMINDA L. LAGUA
Title or Position Asst. LCR
Date 30 May 1994

REMARKS/ANNOTATION

FOR OCRG USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9 4 0 0 0 9 7

48 1

49 50 2 1 5 0 5 9 4

56 1 2 2 0 3

61 1

62 64 0 4 9 9 9 9

68 69 1 4

70 72 74 0 4 0 4 0 0

76 78 2 2 0 2 6

81 1 2 2 0 3

86 87 1 4 *02 02 85*
Heol 8
05 30 94

88 91 6 1 1 2 7

93 1 **3060**

94 4

CSM