(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.)

REMARKS/ANNOTATION

1880

Province: BOHOL
City/Municipality: LEON

Registry No. 2003 - 139

CHILD

1. NAME (First): JAN RYAN (Middle): SUPITA (Last): JANSON

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) 11 (month) Feb. (year) 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): CHCMH (City/Municipality): Leon (Province): 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): 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3373.59 grams

MOTHER

6. MAIDEN NAME (First): JOSEFA (Middle): BAGAREZA (Last): SUPITA

7. CITIZENSHIP: Fil.

8. RELIGION: R.C.

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

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

10. OCCUPATION: Hskg.

11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay): Antulas (City/Municipality): Maribojoc (Province): Bohol

FATHER

13. NAME (First): ORESTES (Middle): ELECION (Last): JANSON

14. CITIZENSHIP: Fil.

15. RELIGION: R.C.

16. OCCUPATION: Laborer

17. Age at the time of this birth: 23 years

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

Aug. 9, 2000 – Cebu City

19a. ATTENDANT

X 1 Physician ___ 2 Nurse X 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 12:55 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: MARIA VICTORIA LAMPARAS, M.D.
Title or Position: Medical Officer III
Address: CHCMH, Leon, Bohol
Date: Feb. 12, 2003

20. INFORMANT

Signature: [signature]
Name in Print: ORESTES E. JANSON
Relationship to the child: Father
Address: Antulas, Maribojoc, Bohol
Date: Feb. 12, 2003

21. PREPARED BY

Signature: [signature]
Name in Print: DEVIE A. PUNELOS
Title or Position: Nurse I
Date: Feb. 12, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: MARIANO L. CORALITO
Title or Position: Mun. Civil Reg.
Date: Feb. 26, 2003

For Office Use Only

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