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007404-B00J41T-4

(Copy for OCRG)

Municipal Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 4, 6a, 6b and 19a.)

Province: N.A.
City/Municipality: Q.C.
Registry No.: 2988 3

For OCRG USE ONLY: Population Reference No.: 7404-B00J4S1-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): JEJOHAR (Middle): FABRICANTE (Last): APOLINAR
2. SEX: ___ 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 04 MAY 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): #42 A.I.B. ST.BGY.STO.DOMINGO Q.C.
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 (Give births and fetal deaths including this delivery): 1st (First, second, third, etc.)
d. WEIGHT AT BIRTH: 3,500 grams

MOTHER

6. MAIDEN NAME (First): AMBROCIA (Middle): HERCHLES (Last): FABRICANTE
7. CITIZENSHIP: FILIPINO
8. RELIGION: R.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: HOUSEWIFE
11. Age at the time of this birth: 42 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): # 42 A.I.B. ST.BGY.STO.DOMINGO Q.C.

FATHER

13. NAME (First): ERNESTO (Middle): JUNICO (Last): APOLINAR
14. CITIZENSHIP: FILIPINO
15. RELIGION: R.CATHOLIC
16. OCCUPATION: MECHANICAL ENGINEER
17. Age at the time of this birth: 42 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Filiacity at the back.)
MAY 24,1969 NEG.OCC.

19a. ATTENDANT: ___ 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 10:30 A.M. at block am/pm on the date stated above.
Signature: [signature]
Name in Print: VIRGINIA REGURRECTION
Title or Position: M.DIVINER
Address: M.DE JOYA H.C. MAYON ST Q.C.
Date: 5/4/00

20. INFORMANT
Signature: [signature]
Name in Print: AMBROCIA APOLINAR
Relationship to the child: MOTHER
Address: # A2 A I B ST. STO.DOMINGO Q.C.
Date: 5/4/00

21. PREPARED BY
Signature: [signature]
Name in Print: VIRGINIA REGURRECTION
Title or Position: M.DIVINER
Date: 5/4/00

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: EXTON M. MATABANG
Title or Position: City Civil Registrar
Date:

41	9 5 0 4 8 3
45	1
46	1
50	0 9 0 5 5 0
55	1 4 1 1
61	1
63	0 1
64	3 5 1 1
66	1
69	1
70	0 1
72	0 1
74	1 1
76	1 2 0
79	4 1
81	1 8 1 1
86	1
87	1 2740
90	5 4
91	1 1
95-24-69	
96	1
94	9

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

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