



(Copy for OCR)

Municipality Form No. 102 (Revised January 1992)		(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. Print X before the appropriate answer in items 2, 9a, 9b, and 15a.)				
Province _____ City/Municipality Zamboanga City		Registry No. 184057		For OCR USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
1. NAME (First) (Middle) (Last) JANE KAREN JAMALUD BANI		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 3. DATE OF BIRTH (Day) (Month) (Year) 20 March 1998		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Western Mindanao Medical Center, Zamboanga City		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, Specify _____		
6. MAIDEN NAME (First) (Middle) (Last) SAKTUR-AIN PUYOH JAMALUD		7. CITIZENSHIP Filipino 8. RELIGION Islam		
9a. Total number of children born alive: 02 b. No. of children still living including this birth: 01 c. No. of children born alive but now dead: 00		10. OCCUPATION Housewife 11. Age at the time of this birth: 27 years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Rio-Hondo, Zamboanga City		13. NAME (First) (Middle) (Last) SAMUEL JIM BANI		
14. CITIZENSHIP Filipino 15. RELIGION Islam		16. OCCUPATION Businessman - Barter Trader 17. Age at the time of this birth: 57 years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acknowledge of Acknowledgment/Admission of Paternity at the back) March 31, 1995 - Zamboanga City				
19a. ATTENDANT <input checked="" type="checkbox"/> 1-Physician <input type="checkbox"/> 2-Nurse <input type="checkbox"/> 3-Midwife <input type="checkbox"/> 4-Mid (Traditional) <input type="checkbox"/> 5-Other (Specify) _____		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 10:35 p.m. on the date stated above.		
Signature _____ Name in Print LIVIA SANKA, M.D. Title or Position Physician		Address Rio Hondo, Zamboanga Date March 23, 1998		
20. INFORMANT Signature _____ Name in Print SAMUEL J. BANI Relationship to the child Father Date March 23, 1998		21. PREPARED BY Signature _____ Name in Print JOSEPHINE BURGANGUY Title or Position D/R Midwife - On Duty Date March 23, 1998		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL OFFICE		Signature _____ Name in Print LISA GRACE S. BERSALES Title or Position ASSISTANT CITY CIVIL REGISTRAR Date 27 MAR 1998		

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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

