

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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, 6b and 13a.)

REMARKS/ANNOTATION

Province CEBU
City/Municipality BARILI Registry No. 74-653

1. NAME (First) JENIEL (Middle) DAGUIL (Last) PAYAO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) 30 (month) May (year) 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Barili Cebu (City/Municipality) (Province)

5a. TYPE OF BIRTH Barili District Hospital
 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.) 5th d. WEIGHT AT BIRTH 3.045 grams

6. MAIDEN NAME (First) ALICIA (Middle) ROSALES (Last) DAGUIL

7. CITIZENSHIP FIL. 8. RELIGION Bible Baptist

9a. Total number of children born alive: 5 b. No. of children still living including this birth: 5 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 29y/6 years

12. RESIDENCE (House No., Street, Barangay) Looc Dumanjug Cebu (City/Municipality) (Province)

13. NAME (First) Violeta (Middle) Ballano (Last) Payao

14. CITIZENSHIP Filipino 15. RELIGION Bible Baptist

16. OCCUPATION Pastor 17. Age at the time of this birth: 43y/0 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 25, 1987 * San Isidro Leyte

19a. ATTENDANT
 1 Physician 2 Nurse 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 8pm o'clock am/pm on the date stated above.

Signature _____ Address Barili District Hospital
Name in Print Servillano Nimer Jr. Barili Cebu
Title or Position Medical Officer III Date May 31, 1996

20. INFORMANT
Signature _____ Address Looc Dumanjug Cebu
Name in Print Violeta Payao
Relationship to the child Mother Date May 31, 1996

21. PREPARED BY
Signature _____
Name in Print Leonila T. Roxas
Title or Position Nsg. Attdt.
Date May 31, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print FILomena C. LOPEZ
Title or Position LOCAL CIVIL REGISTRAR
Date 6/3/96

For OCRG USE ONLY:
Population Reference No. 2-10-496JW1-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9600453

48 1

49 1 50 3057

56 1

61 1

62 1 64 3040

66 1 69

70 1 72 74

76 1 78

81 1

86 1 87 0690

88 1 89 0690

93 1 092587
37420

94 1 060396

Pia Grace S. Bern...