



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate) (Copy for OCRG)

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, 6a and 15a.

Province **ZAMBOANGA DEL SUR**
City/Municipality **PAGADIAN CITY**

Registry No. **96-1296**

1. NAME (First) **CHRISTIAN BELLE** (Middle) **AGUILAR** (Last) **PINOYE**

2. SEX
 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
10 APRIL 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
ZAMBO. SUR PROV'L. HOSPITAL PAGADIAN CITY ZAMBO.SUR

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 (live births and fetal deaths including this delivery) (first, second, third, etc.) **FIRST**

d. WEIGHT AT BIRTH **3090** grams

6. MAIDEN NAME (First) **ELVIRA** (Middle) **CABALLES** (Last) **AGUILAR**

7. CITIZENSHIP **FILIPINO**

8. RELIGION **NON SECTARIAN**

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 **BUSINESSWOMAN**

11. Age at the time of this birth: **30** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SUNRISE VILLAGE, TIGUMA PAGADIAN CITY ZAMBO.SUR

13. NAME (First) **ISABELO** (Middle) **ESCALICAB** (Last) **PINOYE**

14. CITIZENSHIP **FILIPINO**

15. RELIGION **NON SECTARIAN**

16. OCCUPATION **SALESMAN**

17. Age at the time of this birth: **28** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 25, 1995 PAGADIAN CITY

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 **11:20 A.M.** o'clock am/pm on the date stated above.

Signature **Jean Palabrica, M.D.** Address **ZAMBO. SUR PROV'L. HOSPITAL, PAGADIAN CITY**
 Name in Print **JEAN PALABRICA, M.D.** Date **APRIL 10, 1996**
 Title or Position **MEDICAL OFFICER IV**

Signature **Isabelo E. Pinote** Address **SUNRISE VILLAGE TIGUMA, PAGADIAN CITY**
 Name in Print **ISABELO E. PINOTE** Date **APRIL 10, 1996**
 Relationship to the child **FATHER**

21. PREPARED BY
 Signature **Gilga G. Remollo**
 Name in Print **GILGA G. REMOLLO**
 Title or Position **REG. MIDWIFE**
 Date **APRIL 10, 1996**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature **Sarah F. Celeriam**
 Name in Print **SARAH F. CELERIAM**
 Title or Position **CITY CIVIL REGISTRAR**
 Date **4-18-96**

FOR OCRG USE ONLY
 Population Reference No. **7322-A96HA02-V**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 **96 01496**

48 **1**

49 50 **2 100496**

56 **73221**

61

62 64 **01 3090**

68 69 **1 0**

70 72 74 **01 01 00**

76 79 **725 30**

81 **73221**

86 87 **0530**

88 **490 22**

89 **062795 73221 0530**

05893-5E-703BPA-00468-BI001

BReN
07322-A96HA02-4

Documentary
Stamp Tax Paid

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

POSSIBLE IMAGE



058937030046802192018001