



(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 2, 5a, 5b and 19a.)				
Province <u>Cebu</u> City/Municipality <u>Aloguinoan</u>		Registry No. <u>2001-649</u>		For OCRG USE ONLY: Population Reference No.
1. NAME (First) (Middle) (Last) ADRIAN IV. TONONGON MANIGOS		3. DATE OF BIRTH (day) (month) (year) 21 September 2001		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay Bonbon Aloguinoan Cebu		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second		
c. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd (First, second, third, etc.)		d. WEIGHT AT BIRTH 3232 grams		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. MAIDEN NAME (First) (Middle) (Last) Rutahel Aranto Patonongon		7. CITIZENSHIP Filipino		42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. RELIGION R. C.		9a. Total number of children born alive: 2		43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9b. No. of children still living including this birth: 2		9c. No. of children born alive but are now dead: 0		44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. OCCUPATION Housekeeper		11. Age at the time of this birth: 23 years		45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Bonbon Aloguinoan Cebu		13. NAME (First) (Middle) (Last) Abryl Camanilla Manigos		46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. CITIZENSHIP Filipino		15. RELIGION R. C.		47 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16. OCCUPATION Teacher		17. Age at the time of this birth: 23 years		48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) 06 June 1999 - Aloguinoan, Cebu				49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 10:45 A.M. on the date stated above.				51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signature <i>[Signature]</i> Name in Print LORNA MANAGAT Title or Position Head Midwife		Address Bonbon, Aloguinoan, Cebu Date 03 October 2001		52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. INFORMANT Signature <i>[Signature]</i> Name in Print LORNA MANAGAT Relationship to the child none		Address Bonbon, Aloguinoan, Cebu Date 03 October 2001		53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21. PREPARED BY Signature <i>[Signature]</i> Name in Print CASIANO C. BERNARDO Title or Position P. G. R. CLERK Date 03 October 2001		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print MONTANA C. ALHAZAN Title or Position ASST. MGR Date 03 October 2001		54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
93 <input type="checkbox"/> 000111				