



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 Southern Leyte Registry No. 1089
City/Municipality Sogod

1. NAME (First) (Middle) (Last)
Jerome Dayondon Magna

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
20 Sept. 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Sogod District Hospital Sogod Southern Leyte

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)
2nd (first, second, third, etc.)
d. WEIGHT AT BIRTH
3,295 grams

6. MAIDEN NAME (First) (Middle) (Last)
Haritas Dalignot Dayondon

7. CITIZENSHIP Fil. 8. RELIGION Roman Catholic

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sane III, Sogod Southern Leyte

13. NAME (First) (Middle) (Last)
Raul Ligas Magna

14. CITIZENSHIP Fil. 15. RELIGION Roman Catholic

16. OCCUPATION Self Employee 17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 7, 2001 Sogod Parish Church

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 2:12 am o'clock
am/pm on the date stated above.

Signature Isabelita Mate H.D. Address Sogod District Hospital
Name in Print Sogod Southern Leyte
Title or Position Medical Officer III Date Sept. 20, 2001

20. INFORMANT
Signature Raul Magna Address Sane III, Sogod
Name in Print Southern Leyte
Relationship to the child Father Date Sept. 20, 2001

21. PREPARED BY
Signature Ma. Clara Esanda
Name in Print Reg. Midwife
Title or Position Reg. Midwife
Date Sept. 20, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Janey D. Magis
Name in Print Jan. Civil Registrar
Title or Position Jan. Civil Registrar
Date 9/21/2001

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 01089
15211179

48

49 50 200501

56 04170

61

62 64 02-0000

68 69

70 72 74 02 05 00

76 79

81 04170

86 87

88 X20 91 070 24

93 00

94 09-21-01 1190

08935-2G-427ACN-00086-BI001
BEST POSSIBLE IMAGE



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