NATIONAL STATISTICS OFFICE

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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: MAGUINDANAO
City/Municipality: DATU PAGLAS
Registry No. 2003-954

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. PRC-4109-B00RD01-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CHILD

1. NAME (First): ZYRIS (Middle): SOCRILOT (Last): MAGALLO
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 13 August 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Mashamanon Poblacion Maguindanao
5a. TYPE OF BIRTH: X 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): 3rd (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3212 grams

MOTHER

6. MAIDEN NAME (First): Perla (Middle): Villanueva (Last): Sorbilon
7. CITIZENSHIP: Filipino
8. RELIGION: I.E.C.
9a. Total number of children born alive: 03
b. No. of children still living including this birth: 03
c. No. of children born alive but are now dead: 00
10. OCCUPATION: Housekeeper
11. Age at the time of this birth: 23 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Mashamanon Poblacion Maguindanao

FATHER

13. NAME (First): Realio (Middle): Montero (Last): Magallo
14. CITIZENSHIP: Filipino
15. RELIGION: I.E.C.
16. OCCUPATION: Farmer
17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
July 24, 1995 at Mashamanon, Poblacion, Maguindanao

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse ___ 3 Midwife
X 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 ___ o'clock am/pm on the date stated above.

Signature: [illegible]
Name in Print: MARITA CENDOCOY
Title or Position: Hilot
Address: Villa, Poblacion, Maguindanao
Date: August 13, 2000

20. INFORMANT
Signature: [illegible]
Name in Print: REALIO M. MAGALLO
Relationship to the child: Father
Address: Mashamanon, Poblacion, Maguindanao
Date: August 13, 2000

21. PREPARED BY
Signature: [illegible]
Name in Print: [illegible]
Title or Position: Typist
Date: August 13, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [illegible]
Name in Print: [illegible]
Title or Position: Mun. Civil Registrar
Date: August 13, 2000

OFFICE OF THE MUN. CIVIL REGISTRAR

05037-8A-104CAB-00167-BI001

BEST POSSIBLE IMAGE

BReN
04109-B00RD01-3

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

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