

(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>Surigao del Norte</u>		Registry No. <u>95-1862</u>		
City/Municipality <u>Surigao City</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>FRANCISCO SAMUEL S. SALINAS</u>		For OCRG USE ONLY: Population Reference No. <u>6724-A95GR02-6</u>	
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>25 April 1995</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Durok 40 Brgy. San Juan, Surigao City</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.			b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH _____ grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>JANE CHITA SUPERA</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9501362</u> 48 <u>1</u> 49 50 <u>1 250495</u> 56 <u>67249</u> 61 <u>1</u> 62 64 <u>02 9999</u> 68 69 <u>1 1</u> 70 72 74 <u>02 02 00</u> 76 79 <u>220 32</u> 81 <u>67249</u> 86 87 <u>1 1 1700</u> 88 91 <u>983 32</u> 93 <u>1</u> <u>072792</u> <u>23143</u> 94 <u>1</u> <u>050295</u>	
	7. CITIZENSHIP <u>Filipino</u>			8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>		c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>32</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Durok 40, Brgy. San Juan, Surigao City</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>NESTOR JOYO SALINAS</u>		17. Age at the time of this birth: <u>32</u> years	
	14. CITIZENSHIP <u>Filipino</u>			15. RELIGION <u>Roman Catholic</u>
	16. OCCUPATION <u>Driver</u>			17. Age at the time of this birth: <u>32</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 27, 1992, New Cereola, Davao del Norte</u>				
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Heilot (Traditional Midwife) <input type="checkbox"/> 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 <u>Elizabeth C. Laag</u> Address <u>Sebang III</u> Name in Print <u>ELIZABETH C. LAAG</u> <u>Surigao City</u> Title or Position <u>Traditional Midwife</u> Date <u>2 May 1995</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Brgy. San Juan</u> Name in Print <u>NESTOR J. SALINAS</u> <u>Surigao City</u> Relationship to the child <u>Father</u> Date <u>2 May 1995</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MANGELINE T. GUERRA</u> Title or Position <u>Clerk I</u> Date <u>2 May 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>SUSANA M. PEJAN</u> Title or Position <u>Registration Officer</u> Date <u>2 May 1995</u>		

07340-64-728NAZ-00244-BI001

BEST POSSIBLE IMAGE

BReN

06724-A95GR02-0

CSM

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General