



Standard Form No. 102
Revised January 1990

(To be accomplished in quadruplicate)

Copy for OCRG

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, 6a, 8b and 10a.)

Province Zamboanga del Norte Registry No. 98-282
City/Municipality Sindangan

1. NAME First (Last) (Middle) (Last)
SARA ELIZABETH HASSAN RICAPORT

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (Day) (Month) (Year)
07 January 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Infirmary (City/Municipality) (Province)
Sindangan District Hospital Sindangan Zambo. Norte

6a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. D. IF MULTIPLE BIRTH, CHILD WAS
1 1st 2 2nd 3 3rd 4 4th 5 5th 6 6th 7 7th 8 8th 9 9th 10 10th

c. BIRTH ORDER (Give birth and fetal deaths including this delivery) second (1st, second, third, etc.) 4. WEIGHT AT BIRTH
3000 grams

5. MOTHER'S NAME First (Last) (Middle) (Last)
ISABELA AHMAD HASSAN

7. CITIZENSHIP Filipino 8. RELIGION Islam

9a. Total number of children born alive: 2 b. No. of children still being reared: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION Beautician 11. Age at the time of birth 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Laver 2era Ibil Zambo. del Norte

13. NAME First (Last) (Middle) (Last)
SARA JENNY RICAPORT

14. CITIZENSHIP Filipino 15. RELIGION Islam

16. OCCUPATION Farming 17. Age at the time of birth 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not dated, write date of acknowledgment) (Address of Family at the back)
November 30, 1996 - Banquerohan, Ibil, Zamboanga del Norte

10a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional/Herbalist) 5 Other (Specify)

10b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 11:15 A.M., on the date stated above.)

Signature [Signature] Address Sindangan District Hospital
Name of Parent OFFICER R. FERRER, M.D. Sindangan, Zambo. del Norte
Title of Position Medical Officer Date January 13, 1998

20. INFORMANT Signature [Signature] Address Laver 2era, Ibil, Zambo.
Name of Parent SARA JENNY RICAPORT Date January 13, 1998
Relationship to the child Father

21. PREPARED BY Signature [Signature] Address Sindangan District Hospital
Name of Parent JOHNNY Y. DELA CRUZ Date January 28, 1998
Title of Position Records Officer Date January 28, 1998

REMARKS/ANNOTATION

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

