



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 6b and 19a.)				
Province <u>Comiguin</u>		Registry No. <u>97-664</u>		
City/Municipality <u>Mambojao</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>MARY VIO BALISTON JACULAN</u>	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		For OCRG USE ONLY Population Reference No. <u>1804-A97T801-5</u>  TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR 45 <u>9700664</u> 46 <u>1</u> 47 <u>2</u> <u>080917</u> 48 <u>18044</u> 49 <u>1</u> 50 <u>020317</u> 51 <u>1</u> <u>1</u> 52 <u>12</u> <u>02</u> <u>00</u> 53 <u>220</u> <u>25</u> 54 <u>18044</u> 55 <u>1</u> <u>1</u> 56 <u>1</u> <u>1</u> 57 <u>1</u> <u>1</u> 58 <u>572</u> <u>43</u> 59 <u>1</u> 60 <u>1</u>
	3. DATE OF BIRTH (day) (month) (year) <u>08 SEPTEMBER 1997</u>	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Comiguin Island Hospital Mambojao Comiguin</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS 1. First <u>X</u> 2. Second 3. Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>SECOND</u>	d. WEIGHT AT BIRTH (grams) <u>3,317</u>		
	6. MAIDEN NAME (First) (Middle) (Last) <u>VILMA GANON BALISTON</u>	7. CITIZENSHIP <u>Filipino</u>		
MOTHER	8. RELIGION <u>Roman Catholic</u>	9a. Total number of children born alive: <u>2</u>		
	9b. No. of children still living including this birth: <u>2</u>	9c. 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>25</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bug-eng Mambojao Comiguin</u>			
	13. NAME (First) (Middle) (Last) <u>VICTORIANO AGERO JACULAN</u>	14. CITIZENSHIP <u>Filipino</u>		
FATHER	15. RELIGION <u>Roman Catholic</u>	16. OCCUPATION <u>Welder</u>		
	17. Age at the time of this birth: <u>43</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>March 18, 1997 - Regional Trial Court, Mambojao, Comiguin</u>			
	19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 Hilot (Traditional Midwife) <u>X</u> 5 Others (Specify)			
	19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>10:25 A.M.</u> o'clock am/pm on the date stated above.) Signature: <u>Vernilo S. Trago, M.D.</u> Address: <u>Comiguin Island Hospital</u> Name in Print: <u>Vernilo S. Trago, M.D.</u> City/Municipality: <u>Mambojao, Comiguin</u> Title or Position: <u>Medical Officer III</u> Date: <u>11 September 1997</u>			
20. INFORMANT Signature: <u>Susana Balistoy</u> Address: <u>Bug-eng, Mambojao,</u> Name in Print: <u>SUSANA BALISTON</u> City/Municipality: <u>Comiguin</u> Relationship to the child: <u>parent</u> Date: <u>09 September 1997</u>				
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>PEDRINO C. ARAO</u> Title or Position: <u>Records Officer II</u> Date: <u>11 September 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>GIL C. PABE</u> Title or Position: <u>Civil Registrar</u> Date: <u>19 September 1997</u>		

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

