

(Copy for OCR)



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>Cebu</u>		Registry No. <u>98-135</u>	
City/Municipality <u>Mandaue City</u>			
1. NAME (First) <u>Joseph</u> (Middle) <u>Lagnal</u> (Last) <u>Arana Jr.</u>		230986 A404-7	
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (Day) (month) (year) <u>09 JAN 98</u>	
C H I L D			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Letis Major Baniad Mandaue City</u>		9800135	
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>5th</u>		d. WEIGHT AT BIRTH <u>3992</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Ma. Tely Diaz Lagnal</u>		1 040198	
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Cath</u>	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	
		c. No. of children born alive but are now dead: <u>NONE</u>	
10. OCCUPATION <u>House Wife</u>		11. Age at the time of this birth: <u>21</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Letis Major Baniad Mandaue City Cebu</u>		03 2992	
F A T H E R			
13. NAME (First) (Middle) (Last) <u>Joseph Teru Arana</u>		1 1	
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Cath</u>	
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>17</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>February 27, 1997</u>			
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilos (Traditional Midwife) <u>5</u> Others (Specify)		220 21	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:45 AM</u> on the date stated above.			
Signature <u>[Signature]</u> Address <u>16-0 H. Costa St Mandaue City</u>		22301	
Name in Print <u>[Name]</u> Date <u>Jan 4 1998</u>		1 1	
Title or Position <u>[Title]</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Letis Major Baniad Mandaue City</u>		992 27	
Name in Print <u>[Name]</u> Date <u>January 4, 1998</u>			
Relationship to the child <u>mother</u>			
21. PREPARED BY Signature <u>[Signature]</u> Address <u>[Address]</u>		1	
Name in Print <u>[Name]</u> Date <u>January 9 1998</u>			
Title or Position <u>[Title]</u>			
Date <u>January 9 1998</u>		4	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>[Address]</u>			
Name in Print <u>[Name]</u> Title or Position <u>[Title]</u>			
Date <u>[Date]</u>			