



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

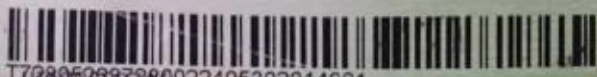
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province <u>CAVITE</u>		Registry No. <u>09-1428</u>		REMARKS/ANNOTATION
City/Municipality <u>TANZA</u>				
1. NAME (First) (Middle) (Last) <u>MRAJAY JAUDINES BATANG</u>		For OCRG USE ONLY: Population Reference No. <u>2120-A99PU02-5</u>		
2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u> <input type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>28 JULY 1999</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>DEL ROSARIO HOSPITAL TANZA, CAVITE</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> <u>1 Single</u> <input type="checkbox"/> <u>2 Twin</u> <input type="checkbox"/> <u>3 Triplet, etc.</u>		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> <u>1 First</u> <input type="checkbox"/> <u>2 Second</u> <input type="checkbox"/> <u>3 Others, Specify</u>		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,807</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>MARIA GRACIA EDQUILA JAUDINES</u>		41 <u>9 9 6 1 4 2 8</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>CATHOLIC</u>		
9a. Total number of children born alive: <u>4</u>		b. No. of children still living including this birth: <u>4</u>		
9c. No. of children born alive but are now dead: <u>0</u>		43 <input type="checkbox"/>		
10. OCCUPATION <u>CARETAKER</u>		11. Age at the time of this birth: <u>24</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>JDC FARM 1 TANZANG LUMA IGUS, CAVITE</u>		44 <input type="checkbox"/>		
13. NAME (First) (Middle) (Last) <u>JOSE OSIO BAYANG</u>		45 <u>2 2 8 0 7 9 9</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CATHOLIC</u>		
16. OCCUPATION <u>CARETAKER</u>		17. Age at the time of this birth: <u>25</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>18 JANUARY 1997, MISAMIS ORIENTAL</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> <u>1 Physician</u> <input type="checkbox"/> <u>2 Nurse</u> <input type="checkbox"/> <u>3 Midwife</u> <input type="checkbox"/> <u>4 Hilot (Traditional Midwife)</u> <input type="checkbox"/> <u>5 Others (Specify)</u>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:54</u> o'clock <u>am/pm</u> on the date stated above.				
Signature <u>[Signature]</u>		Address <u>DEL ROSARIO HOSPITAL TANZA, CAVITE</u>		
Name in Print <u>DR. CONSTANTINO VICIA</u>		Date <u>28 JULY 1999</u>		
Title or Position <u>OB/GYNE</u>		46 <input type="checkbox"/>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>TANZANG LUMA IGUS, CAVITE</u> Name in Print <u>JOSE O. BAYANG</u> Relationship to the child <u>FATHER</u> Date _____				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>VIRGINIA A. RICASA</u> Title or Position <u>REGISTERED NURSE</u> Date <u>28 JULY 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MA. THERESA I. CESA</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>03 Aug. 1999</u>		
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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority