



(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 <input checked="" type="checkbox"/> before the appropriate answer in items 2, 5a, 6b, and 19a.)				1810	
Province <u>Sobol</u>		Registry No. <u>2001-1561</u>			
City/Municipality <u>Ubay</u>				For OCRG USE ONLY: Population Reference No.	
CHILD	1. NAME (First) <u>NICHOLS</u> (Middle) <u>GOLOSINO</u> (Last) <u>SARCON</u>				
	2. SEX <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female		3. DATE OF BIRTH (day) <u>15</u> (month) <u>Aug.</u> (year) <u>2001</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Bongbong, Ubay, Sobol</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		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>4</u> th (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3710</u> grams		
MOTHER	6. MAIDEN NAME (First) <u>Irene</u> (Middle) <u>Trancho</u> (Last) <u>Golosino</u>				
	7. CITIZENSHIP <u>fil.</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive: <u>4</u>		b. No. of children still living including this birth: <u>4</u>		c. No. of children born alive but are now dead: <u>00</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>27</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bongbong, Ubay, Sobol</u>				
FATHER	13. NAME (First) <u>Daniel</u> (Middle) <u>Generale</u> (Last) <u>SARCON</u>				
	14. CITIZENSHIP <u>fil.</u>		15. RELIGION <u>Roman Catholic</u>		
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>51</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 9, 1995 (60), Sobol</u>					
19a. ATTENDANT <input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input checked="" type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (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 <u>3:30 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u>		Address <u>Ubay, Sobol</u>			
Name in Print <u>[Name]</u>		Date <u>Aug. 21, 2001</u>			
Title or Position <u>Midwife</u>					
20. INFORMANT					
Signature <u>[Signature]</u>		Address <u>Ubay, Sobol</u>			
Name in Print <u>MARICEL G. SALAS</u>		Date <u>Aug. 21, 2001</u>			
Relationship to the child <u>Midwife</u>					
21. PREPARED BY			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>			
Name in Print <u>ASSIST. REG. OFFICER</u>		Name in Print <u>CHARLE G. SALAS</u>			
Title or Position <u>Asst. Reg. Officer</u>		Title or Position <u>CIC-OCR</u>			
Date <u>Aug. 21, 2001</u>		Date <u>Aug. 21, 2001</u>			

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE

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

