



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH		REMARKS/ANNOTATION
Province: <u>Negros Oriental</u>		Registry No: <u>97-2116</u>		
City/Municipality: <u>Davao City</u>				
1. NAME (First, Middle, Last) <u>MELODY JANE SILAYA SIGLOS</u>		8. DATE OF BIRTH (day, month, year) <u>25 June 1997</u>		<u>1610-A97ME04-1</u>
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) <u>Negros Oriental Provincial Hospital, Davao City</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Twin <input type="checkbox"/> 3. Triplet, etc. <input type="checkbox"/> 4. Other (Specify)		b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second		<u>97021115</u>
c. BIRTH ORDER (live births and total deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,500</u> grams		<u>1</u>
6. MAIDEN NAME (First, Middle, Last) <u>VIOLETA BANGCAREN SILAYA</u>		7. CITIZENSHIP <u>Philippine</u>		<u>2 140-697</u>
8. RELIGION <u>Roman Catholic</u>		9a. Total number of children born alive: <u>2</u>		<u>46702</u>
9b. No. of children living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Houskeeper</u>		11. Age at the time of this birth: <u>26</u> years		<u>1</u>
12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) <u>Tapan Norte A, San Jose, Negros Orient</u>		13. NAME (First, Middle, Last) <u>RAUL CAHOT SIGLOS</u>		<u>02 3000</u>
14. CITIZENSHIP <u>Philippine</u>		15. RELIGION <u>Roman Catholic</u>		<u>1 1</u>
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>31</u> years		<u>02 05 00</u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Dato: <u>May 10, 1998</u> Place: <u>San Jose, Negros Ori</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (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>12:38</u> a.m./p.m. on the date stated above.		<u>220 36</u>
Signature: <u>W Villagas</u> Name in Print: <u>WENDEL B. VILLEGAS, M.D.</u> Title or Position: <u>Medical Specialist I</u> Date: <u>June 18, 1997</u>		Address: <u>Negros Oriental Provincial Hospital, Davao City</u>		<u>46777</u>
Signature: <u>Violeta B. Siglos</u> Name in Print: <u>VIOLETA B. SIGLOS</u> Relationship to the child: <u>Nether</u> Date: <u>June 18, 1997</u>		Address: <u>Tapan Norte, San Jose, Negros Oriental</u>		<u>1 1 00660</u>
Signature: <u>[Signature]</u> Name in Print: <u>ROBERTO G. BASTASAN</u> Title or Position: <u>Officer in Charge</u> Date: <u>June 18, 1997</u>		Signature: <u>[Signature]</u> Name in Print: <u>RUPERTA G. BASTASAN</u> Title or Position: <u>CITY CIVIL REGISTRAR</u> Date: <u>20 JUN 1997</u>		<u>999 21</u>
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		<u>05 10 94</u>
				<u>46177</u>
				<u>06 20 97</u>

