



(Copy for OCRG)

Municipal Form No. 102 Revised January 1993		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines <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, 5b and 19a.)				
Province <b>LANAO DEL NORTE</b>		Registry No. <b>97-3866</b>		FOR OCRG USE ONLY: Population Reference No. <b>3504-A97K607-4</b>  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 97 03 8 66 1 2 0 6 0 5 9 7 3 5 8 4 8 1 0 4 0 2 3 2 1 1 0 4 0 4 0 0 7 2 0 2 9 3 5 0 4 8 1 1 X 2 0 2 8 1 0 4 0 7 9 3 3 5 0 4 8 MAY 11 1997 1 0 5 2 1 9 7 2170
City/Municipality <b>ILIGAN CITY</b>				
1. NAME (First) <b>AINNA PATRICE</b> (Middle) <b>MICABALO</b> (Last) <b>OGA</b>				
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>6th MAY 1997</b>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>GREGORIO T. LUICH MEMORIAL HOSPITAL, PALA-0, ILIGAN CITY, LANAO DEL NORTE</b>				
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <b>FOURTH</b> (first, second, third, etc.)		d. WEIGHT AT BIRTH <b>3232</b> grams		
6. MAIDEN NAME (First) <b>MERCEDITA</b> (Middle) <b>DAYNOS</b> (Last) <b>MICABALO</b>				
7. CITIZENSHIP <b>FILIPINO</b>		8. RELIGION <b>ROMAN CATHOLIC</b>		
9a. Total number of children born alive <b>4</b>		b. No. of children still living including this birth <b>4</b>		
10. OCCUPATION <b>HOUSEKEEPER</b>		11. Age at the time of this birth: <b>29</b> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>PURUK-7 DANA0 TOMIN0BO, ILIGAN CITY, LANAO DEL NORTE</b>				
13. NAME (First) <b>PATRICK</b> (Middle) <b>SABUGA-A</b> (Last) <b>OGA</b>				
14. CITIZENSHIP <b>FILIPINO</b>		15. RELIGION <b>ROMAN CATHOLIC</b>		
16. OCCUPATION <b>EMPLOYEE</b>		17. Age at the time of this birth: <b>28</b> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>APRIL 7, 1993 - ILIGAN CITY, LANAO DEL NORTE</b>				
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 <b>11:58 P.M.</b> o'clock am/pm on the date stated above.				
Signature <i>[Signature]</i> Name in Print <b>ANITA G. SALONA, M.D.</b> Title or Position <b>Medical Officer VI</b>		Address <b>Pala-0, Iligan City</b> Date <b>May 14, 1997</b>		
Signature <i>[Signature]</i> Name in Print <b>PATRICK S. OGA</b> Relationship to the child <b>Father</b>		Address <b>Purok-7 Danao Tominobo, Iligan City</b> Date <b>May 14, 1997</b>		
Signature <i>[Signature]</i> Name in Print <b>MARDEL T. CADAPOS</b> Title or Position <b>CLERK IV</b> Date <b>May 14, 1997</b>		Signature <i>[Signature]</i> Name in Print _____ Title or Position _____ Date <b>MAY 11 1997</b>		

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*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

