



(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 X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province **NEGROS ORIENTAL** Registry No. **2009-537**  
City/Municipality **CANLAON CITY**

DELATED REGISTRATION

1. NAME (First) (Middle) (Last)  
**JELYN MONETTE OMADLAO CORDOVA**

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
**08 FEBRUARY 2009**

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
**MABIGO, CANLAON CITY, NEG. OR.**

41 **BO900537**

5a. TYPE OF BIRTH  1 Single  2 Twin  3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  1 First  2 Second  3 Others, Specify \_\_\_\_\_

48 **2**

c. BIRTH ORDER (live births and fetal deaths including this delivery) **2<sup>nd</sup>** (first, second, third, etc.)  
d. WEIGHT AT BIRTH **2722** grams

49 **2** 50 **08022009**

6. MAIDEN NAME (First) (Middle) (Last)  
**MERLYN OMADLAO CORDOVA**

55 **46086**

7. CITIZENSHIP **Filipino** 8. RELIGION **Roman Catholic**

9a. Total number of children born alive: **02**  
b. No. of children still living including this birth: **02**  
c. No. of children born alive but are now dead: **00**

61 **1**

10. OCCUPATION **Housekeeper** 11. Age at the time of this birth: **35** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
**Mabigo, Canlaon City, Negros Oriental**

62 **02** 64 **5722**

13. NAME (First) (Middle) (Last)  
**UNKNOWN**

68 **1** 69 **1**

14. CITIZENSHIP **N/A** 15. RELIGION **N/A**

16. OCCUPATION **N/A** 17. Age at the time of this birth: **N/A** years

70 **22** 72 **02** 74 **00**

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**N/A**

76 **220** 78 **25**

19a. ATTENDANT  
 1 Physicist  2 Nurse  3 Midwife  
 4 Other (Traditional Midwife)  5 Others (Specify) \_\_\_\_\_

81 **46086**

19b. CERTIFICATION OF BIRTH **05:30 a.m.**  
I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ o'clock on \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Signature: **MYRNA PENIDA HILOT** Address: **Panubigan, Canlaon City**  
**HILOT** Address: **Negros Oriental**  
Date: **May 19, 2009**

86 **0** 87 **5**

Signature: **MERLYN O. CORDOVA** Address: **Mabigo, Canlaon City**  
**MOTHER** Address: **Negros Oriental**  
Date: **May 18, 2009**

88 **000** 91 **05**

21. PREPARED BY: Signature: **MARIFE F. ELECO**  
Name in Print: **MARIFE F. ELECO**  
Title or Position: **Asst. City Civil Registrar**  
Date: **May 19, 2009**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature: **OLYMPIA A. SALDE**  
Name in Print: **OLYMPIA A. SALDE**  
Title or Position: **CITY CIVIL REGISTRAR**  
Date: **JUN 01 2009**

93 **1**

94 **1**

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BEST POSSIBLE IMAGE

BReN  
04608-B03D801-9

*CDM*  
CLAIRE DENNIS S. MAPA, Ph. D.