


 Mandatory Form No. 102
 (Revised January 1999)

(To be accomplished in quadruplicate)

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

 Fill out completely, accurately and legibly. Use ink or equivalent.
 Place 2 before the appropriate answer in items 7, 8, 9, and 10.

REMARKS/ANNOTATION

 Province Zamboanga del Norte Registry No. 2001-4599
 City/Municipality Sindangan

 1. NAME (First Middle Last)
MAKIS TYONG BAKIN TY
 2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (Day) (Month) (Year)
29 November 2001
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
Dapitan, Sindangan, Zamboanga del Norte
 5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
 b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify _____
 c. BIRTH ORDER (Give births and fetal deaths including this delivery)
Second (First, second, third, etc.)
 d. WEIGHT AT BIRTH
2930 grams

 6. MOTHER (First Middle Last) NAME MAKIS TYONG BAKIN
 7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

 9a. Total number of children born alive: 2 b. No. of children still being suckling (this birth): 2 c. No. of children born alive but are now dead: 0
 10. OCCUPATION Housekeeping 11. Age at the time of this birth: 21 years

 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Dapitan, Sindangan, Zamboanga del Norte

 13. NAME (First Middle Last) GEORGE FONG CANOVIDE TY
 14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

 16. OCCUPATION Farming 17. Age at the time of this birth: 26 years

 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 2, 1999-Dapitan, ZN

 19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional Healers) 5 Others (Specify) _____

 19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 11:30 PM or about any/on on the date stated above.)
 Signature _____ Address Sindangan, Sindangan, ZN
 Name in Print CHARLES E. FLAJO Date Dec. 10, 2001
 Title or Position _____

 20. INFORMANT Signature _____ Address Sindangan, Sindangan, ZN
 Name in Print CHARLES E. FLAJO Date Dec. 10, 2001
 Relationship to the child Mother

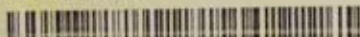
 21. PREPARED BY Signature _____ Date 12/10/01
 Name in Print JOSETE L. ALMERA Title or Position Municipal Civil Registrar
 City/Municipality Sindangan, Zamboanga del Norte

 RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Date 12/10/01

 Signature _____ Date 12/10/01
 Name in Print JOSETE L. ALMERA Title or Position Municipal Civil Registrar
 City/Municipality Sindangan, Zamboanga del Norte

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 Documentary
 Stamp Tax Paid

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