



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION LATE REGISTRATION	
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 <u>Siquijor</u>			Registry No. <u>2005-559</u>		
City/Municipality <u>Siquijor</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>FEAH</u> <u>BARRIENTOS</u> <u>MIRABUENO</u>				
	2. SEX <u>X</u> 1 Male <u>2</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>6</u> <u>May</u> <u>2005</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay <u>Lambojon</u> <u>Siquijor</u> <u>Siquijor</u>				
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> 2 Twin <u>3</u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> 1 First <u>2</u> 2 Second <u>3</u> 3 Others, Specify _____		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Analou</u> <u>Labor</u> <u>Barrientos</u>				
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>24</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Lambojon</u> <u>Siquijor</u> <u>Siquijor</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>Fritz</u> <u>Jaletin</u> <u>Mirabueno</u>				
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>23</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) NOT APPLICABLE					
19a. ATTENDANT <u>2</u> 1 Physician <u>X</u> 3 Midwife <u>4</u> 4 Hilot (Traditional Midwife) <u>5</u> 5 Others (Specify) _____					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:00</u> o'clock <u>PM</u> on the date stated above.					
Signature _____ Name in Print <u>ANALINA M. PABINGUIT</u> Title or Position <u>RHM</u>		Address <u>RHU-Siquijor</u> <u>Siquijor</u> Date <u>22 September, 2005</u>			
20. INFORMANT Signature _____ Name in Print <u>FRITZ E. MIRABUENO</u> Relationship to the child <u>Father</u>					
		Address <u>Lambojon, Siquijor</u> <u>Siquijor</u> Date <u>22 September, 2005</u>			
21. PREPARED BY Signature _____ Name in Print <u>ANGELES D. NACARIO</u> Title or Position <u>Clerk III</u> Date <u>22 September, 2005</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>FRANCISCA JOSE A. PASCANTE</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>22 September, 2005</u>		

For OCRG USE ONLY
Population Reference

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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