



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
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>96-0006</u>	REMARKS/ANNOTATION PER: 6103-A96A401-0 4 6 0 0 0 0 6 1 1 0 4 0 1 9 6 6 1 0 3 6 1 0 3 2 2 6 8 1 1 0 3 0 3 0 0 2 2 0 2 2 6 1 0 3 6 1 1 5 8 9 2 7 1 3	
City/Municipality <u>Lezi</u>				
1. NAME (First) (Middle) (Last) <u>JOE MARIE SUMAGANG SARONA</u>				
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>4 January 1996</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Upper Cabangcalan Lezi Siquijor</u>				
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>3</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2268</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>Nida Iglesia Sumagang</u>				
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</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>22</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Upper Cabangcalan Lezi Siquijor</u>				
13. NAME (First) (Middle) (Last) <u>Isidro Campunanes Sarona</u>				
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
16. OCCUPATION <u>Security Guard</u>		17. Age at the time of this birth: <u>27</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 17, 1992 - Sto. Rosario Parish Church, Cebu</u>				
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" 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>6:45</u> o'clock <u>am</u> on the date stated above.				
Signature <u>C. S. Sumagang</u>		Address <u>Lezi, Siquijor</u>		
Name in Print <u>CARMEN S. SUMAGANG</u>		Date <u>January 5, 1996</u>		
Title or Position <u>Rural Health Midwife</u>				
20. INFORMANT Signature <u>Ardiana Sumagang</u> Address <u>Upper Cabangcalan, Lezi, Siquijor</u> Name in Print <u>ARDIANA SUMAGANG</u> Date <u>January 5, 1996</u> Relationship to the child <u>Grandmother</u>				
21. PREPARED BY Signature <u>Edna J. Caliso</u> Date <u>Jan. 5, 1996</u> Name in Print <u>EDNA J. CALISO</u> Title or Position <u>MPDC/Local Civil Registrar</u> Title or Position <u>Utility Worker II/Registrar</u> Date <u>Jan. 5, 1996</u>				

NONE
19-200

08374-8C-400ADM-00516-BI001

BEST POSSIBLE IMAGE



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EQ700640036

BReN
06103-A96A401-5

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CDSM

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

