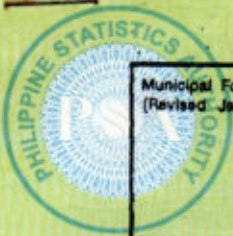


(Copy for OCRG)



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 Misamis Oriental

Registry No. 2001-8516

City/Municipality Cagayan de Oro City

CHILD	1. NAME (First) (Middle) (Last) <u>RUBEN JHON BURAY LALIM</u>		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>07 May 2001</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Northern Mindanao Medical Center, Cagayan de Oro City, Misamis Oriental</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 (live births and fetal deaths including this delivery) <u>Third</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>4,500</u> grams	

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 130108516

48 1

49 1 50 070501

56 93059

61 1

62 03 64 9500

68 1 80 1

70 03 72 03 74 00

76 220 78 93

86 93208

88 1 87 1 2060

85 951 81 93

93 1 051692

94 1 43208

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Gerlie Sade Buray</u>		
	7. CITIZENSHIP <u>Natural Born 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>43</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Maputi, Naawan, Misamis Oriental</u>			

FATHER	13. NAME (First) (Middle) (Last) <u>Rodrigo Tayrus Lalim</u>		
	14. CITIZENSHIP <u>Natural Born Filipino</u>		15. RELIGION <u>Roman Catholic</u>
	16. OCCUPATION <u>Salesman</u>		17. Age at the time of this birth: <u>43</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 16, 1992, Naawan, Misamis Oriental

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the delivery of the child and was born alive at 7:30am o'clock am/pm on the date stated above.

Signature Prudencia Stephanie M. Torres M.D. Address Northern Mindanao Medical Center, CDO.
Name in Print _____ Date May 08, 2001
Title or Position Medical Officer IV

20. INFORMANT
Signature Gerlie B. Lalim Address Maputi, Naawan, Misamis Oriental
Name in Print _____ Date May 08, 2001
Relationship to the child Mother

21. PREPARED BY
Signature Veronica Loquias
Name in Print _____
Title or Position OR Nurse I
Date May 08, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Evangeline C. Tapangan
Name in Print _____
Title or Position REGISTRATION OFFICER IV
Date June 7/01

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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

