



(Copy for OCRG)

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

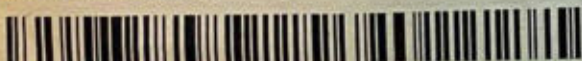
(To be accomplished in quadruplicate)

(Fill out completely, legibly and rightly. Use ink or equivalent. Place X before the appropriate answer in Items 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.)

Municipal Form No. 105 (Revised January 1993)		Registry No. <u>7021-1447</u>		
Province <u>Cebu</u> City/Municipality <u>Barili</u>				
1. NAME (First) <u>Jayann</u> (Middle) <u>Nava</u> (Last) <u>Marata</u>				
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (Day) (Month) (Year) <u>23</u> <u>Jan</u> <u>2001</u>		
CHILD	4. PLACE OF BIRTH (Division of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Tubod</u> <u>Barili</u> <u>Cebu</u>			
	5a. TYPE OF BIRTH (1) Single <input checked="" type="checkbox"/> (2) Twin <input type="checkbox"/> (3) Triplet, etc. <input type="checkbox"/>		5b. IF FULL-TERM BIRTH, CHILD WAS (1) Full <input checked="" type="checkbox"/> (2) Premature <input type="checkbox"/> (3) Others, Specify _____	
	c. BIRTH ORDER (For children of fetal deaths including stillbirths) (First, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>3.2</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Grecilda</u> <u>Manayao</u> <u>Nava</u>			
	7. CITIZENSHIP <u>Phil.</u>		8. RELIGION <u>R.C.</u>	
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	
	10. OCCUPATION <u>H.K.</u>		11. Age at the time of this birth: <u>21</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tubod</u> <u>Barili</u> <u>Cebu</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>Mario</u> <u>Barcoma</u> <u>Marata</u>			
	14. CITIZENSHIP <u>Phil.</u>		15. RELIGION <u>R.C.</u>	
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>22</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 28, 2001</u> <u>Ocana, Corcor, Cebu</u>				
19a. ATTENDANT (1) Physician <input type="checkbox"/> (2) Nurse <input type="checkbox"/> (3) Midwife <input checked="" 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>11:45</u> o'clock <u>pm</u> on the date stated above.)				
Signature <u>Saturmina B. Santos</u> Name in Print <u>Saturmina B. Santos</u> Title or Position <u>ADM</u>		Address <u>Mantabangan</u> <u>Barili, Cebu</u> Date <u>1-25-2001</u>		
20. INFORMANT (Signature) For: <u>Grecilda Marata</u> Name in Print <u>Grecilda Marata</u> Relationship to the child <u>Mother</u> LCP: _____ Date <u>1-25-2001</u>				
21. PREPARED BY (Signature) <u>Saturmina B. Santos</u> Name in Print <u>Saturmina B. Santos</u> Title or Position <u>ADM</u> Date <u>1-25-2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature) _____ Name in Print _____ Title or Position _____ Date <u>1/26/2001</u>		

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*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office