



(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 <u>Cebu</u>		Registry No. <u>7001-147</u>			
City/Municipality <u>Barili</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>Jayann Nava Marata</u>				
	2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u>		3. DATE OF BIRTH (day) (month) (year) <u>23 Jan. 2001</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Tubod Barili Cebu</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		
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st.</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.2</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>Grecilda Mangyao Nava</u>				
	7. CITIZENSHIP <u>Fil.</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>		c. No. of children born alive but are now dead: <u>0</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 Barili Cebu</u>					
FATHER	13. NAME (First) (Middle) (Last) <u>Mario Barcoma Marata</u>				
	14. CITIZENSHIP <u>Fil.</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, 2000 Ocaña, Cordova Cebu</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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 <input checked="" type="checkbox"/> AM/PM on the date stated above.					
Signature <u>Saturina R. Santos</u> Name in Print <u>Saturina R. Santos</u> Title or Position <u>ADM</u>		Address <u>Mantabangan Barili Cebu</u> Date <u>1-25-2001</u>			
20. INFORMANT Signature For: <u>Grecilda Marata</u> <u>Mot.</u> <u>Tubod, Barili Cebu</u> Name in Print <u>Grecilda Marata</u> Relationship to the child <u>Mot.</u> LCR Date <u>1-25-2001</u>					
21. PREPARED BY Signature <u>Saturina R. Santos</u> Name in Print <u>Saturina R. Santos</u> Title or Position <u>ADM</u> Date <u>1-25-2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>[Date]</u>			

Camille R.