



Municipal Form No. 102 (Revised August 2016) (accomplished in quadruplicate using black ink)

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

Province AGUSAN DEL NORTE		Registry No. 2019 - 8659		
City/Municipality BUTUAN CITY				
CHILD	1. NAME (First) PARIS (Middle) SAYSON (Last) DAGODOG			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 3 (Month) OCTOBER (Year) 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) BUTUAN MED. CENTER, KM 5, BAAN BUTUAN CITY, AGUSAN DEL NORTE			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal deaths) (First, Second, Third, etc.) FIRST	5d. WEIGHT AT BIRTH 2722 grams
MOTHER	7. MAIDEN NAME (First) RHONA RIA (Middle) GARAO (Last) SAYSON			
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	10a. Total number of children born alive 01	10b. No. of children still living including this birth 01	10c. No. of children born alive but are now dead 00	11. OCCUPATION HOUSEKEEPER (Province) AGUSAN DEL NORTE (Country) PHILIPPINES
	13. RESIDENCE (House No., St., Barangay) DIST. 3 CYPRESS BARANGAY TALISAY NASIPIT (City/Municipality) AGUSAN DEL NORTE (Province) PHILIPPINES (Country) 23		12. AGE at the time of this birth (completed years)	
FATHER	14. NAME (First) GOGI (Middle) DAGODOG (Last)			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SERVICE CREW (Province) AGUSAN DEL NORTE (Country) PHILIPPINES	
	19. RESIDENCE (House No., St., Barangay) DIST. 3 CYPRESS BARANGAY TALISAY NASIPIT (City/Municipality) AGUSAN DEL NORTE (Province) PHILIPPINES (Country) 22		18. AGE at the time of this birth (completed years)	
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 12:02 PM am/pm on the date of birth specified above.				
Signature _____ Name in Print MARILYN C. JUMAPAO, M.D. Title or Position MEDICAL SPECIALIST II		Address BUTUAN MED. CENTER, KM 5, BAAN BUTUAN CITY Date OCTOBER 7, 2019		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print GOGI DAGODOG Relationship to the Child FATHER Address DIST. 3 CYPRESS BRGY TALISAY, NASIPIT ADN Date OCTOBER 7, 2019		23. PREPARED BY Signature _____ Name in Print UEANETTE M. MAGARRO Title or Position CLERK Date OCTOBER 7, 2019		
24. RECEIVED BY Signature _____ Name in Print MARK ANTHONY G. PEPITO Title or Position CLERK Date October 15, 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print CECILIA A. OÑEZ Title or Position REGISTRATION OFFICER I Date October 15, 2019		
REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
01 08 02 16 06 00 20 9 01 08 5 12 20 15 00 20 19				



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BEST POSSIBLE IMAGE



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