



(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>Misamis Oriental</u>			Registry No. <u>2000-5819</u>			
City/Municipality <u>Cagayan de Oro City</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>APRIL FRANCES JIHAN BACOR SABAUFAN</u>		For OCRG USE ONLY: Population Reference No. <u>4305-BIOME16-4</u>			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15 April 2000</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>J.R. Borja Memorial City Hosp. Carmen Cagayan de Oro Mis. Or.</u>			TO BE FILLED IN BY THE OFFICE OF THE CIVIL REGISTRAR		
	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>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3400</u> grams			
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>JENNIFER ARNALDO BACOR</u>		1. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			
	7. CITIZENSHIP <u>Natural Born Filipino</u>		8. RELIGION <u>Roman Catholic</u>			
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</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>25</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Zone 5 Buro Cagayan de Oro City Mis. Or.</u>			2. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
FATHER	13. NAME (First) (Middle) (Last) <u>FLORENCIO BOTAT SABAUFAN</u>		3. <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			
	14. CITIZENSHIP <u>Natural Born Filipino</u>		15. RELIGION <u>Roman Catholic</u>			
	16. OCCUPATION <u>Self-employed</u>		17. Age at the time of this birth: <u>23</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 28, 1998 Quezon City</u>						
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input 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 <u>born alive at 6:08 p.m. o'clock am/pm on the date stated above.</u>						
Signature _____ Name in Print <u>VIRGINIA REV. BERNA</u> Title or Position <u>Medical Officer IV</u> <u>J.R. Borja Memorial City Carmen Cagayan de Oro April 24, 2000</u>						
20. INFORMANT Signature _____ Name in Print <u>JENNETH B. SABAUFAN</u> Relationship to the child <u>mother</u> Address <u>Zone 5 Buro Cagayan de Oro City</u> Date <u>April 19, 2000</u>						
21. PREPARED BY Signature _____ Name in Print <u>EMMA TORRES MACAERO</u> Title or Position <u>Records Officer II</u> Date <u>April 24, 2000</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>NORMA S. BIRUTADO</u> Title or Position <u>Asst. City Civil Registrar</u> Date <u>May 2, 2000</u>			

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BEST POSSIBLE IMAGE

BReN

04305-800HF0M-0

*CSM*

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistics and Civil Registrar General