



Philippine Statistics Authority
Form No. 102
(Revised January 1983)

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, 3a, 3b and 19a.)

Province Zamboanga del Norte Registry No. 99-2171
City/Municipality Dipolog City

1. NAME (First) BIRTHSTONE (Middle) CABARON (Last) ABARRO
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (Day) (Month) (Year) 09 November 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) EN Integ. Prov'l Health Office Dipolog City Zambo.del Norte
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Other, Specify _____
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery) first (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,396 grams

6. MAIDEN NAME (First) JANESSA (Middle) CABARON (Last) ABARRO

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 1

10. OCCUPATION housekeeping 11. Age at the time of this birth: 14 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Barra Dipolog City Zambo.del Norte

13. NAME (First) unknown (Middle) _____ (Last) _____

14. CITIZENSHIP not applicable 15. RELIGION not applicable

16. OCCUPATION not applicable 17. Age at the time of this birth: not applicable years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) not applicable

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:11 o'clock am/pm on the date stated above.

Signature [Signature] Address DIPLOG, Dipolog City
Name in Print RENELO M. CAVANJO Date Nov. 12, 1999
Title or Position Medical Officer III

20. INFORMANT
Signature [Signature] Address Barra, Dipolog City
Name in Print JANESSA G. ABARRO Date Nov. 12, 1999
Relationship to the child mother

21. PREPARED BY
Signature [Signature]
Name in Print PAOLINA F. SALITA, III
Title or Position Medical Officer III
Date Nov. 12, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print BUNIFORTE M. NINHOANTE
Title or Position DIPLOG CITY CIVIL REGISTRAR
Date 11-18-99

REMARKS/ANNOTATION

For OCRS USE ONLY:
Population Reference No. 7302 A99 W902-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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64 72004

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68 01 01 00

69 200 14

70 72004

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75 11 18 99

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