



(Copy for OCR)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

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 18a.)

Province Negros Occidental Registry No. 100-2729  
City/Municipality Himamaylan City

**CHILD**

1. NAME (First) (Middle) (Last)  
MICHELLE SAJO MOFRA

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)  
3 Sept. 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay  
Gov. V. M. Gatulao Mem. Hospital, Himamaylan, Neg. Occ.

5a. TYPE OF BIRTH X 1 Single 2 Twin  
3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS  
1 First 2 Second  
3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)  
1st (first, second, third, etc.)

d. WEIGHT AT BIRTH  
3317 grams

**MOTHER**

6. MOTHER'S NAME (First) (Middle) (Last)  
KITSY ARKILAN SAJO

7. CITIZENSHIP Filipino 8. RELIGION adventist

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: 0

10. OCCUPATION housekeeper 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Cabanbanan, Himamaylan City, Negros Occidental

**FATHER**

13. NAME (First) (Middle) (Last)  
CANDIDO MANQUERO MOFRA

14. CITIZENSHIP Filipino 15. RELIGION Adventist

16. OCCUPATION Laborer 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
July 25, 2001 Himamaylan City, Negros Occidental

19a. ATTENDANT  
X 1 Physician 2 Nurse 3 Midwife  
4 Hilot (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 5:06 o'clock am/pm on the date stated above.

Signature [Signature] Address CYNCH, Himamaylan City, Negros Occidental  
Name in Print NA. JOCYLYN NUNYON, N.D.  
Title or Position Medical Officer - IV Date September 4, 2001

20. INFORMANT  
Signature [Signature] Address Cabanbanan, Himamaylan City, Neg. Occ.  
Name in Print MITSY MOFRA  
Relationship to the child Mother Date September 4, 2001

21. PREPARED BY  
Signature [Signature]  
Name in Print ROSETTA L. LLANDA  
Title or Position Records Officer I  
Date September 4, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Signature]  
Title or Position [Signature]  
Date [Signature]

REMARKS/ANNOTATION

For OCR use only. Population and Vital Statistics

41 102912

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43 030920

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45 12104

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47 1

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49 1 3517

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51 0

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53 1 1 1

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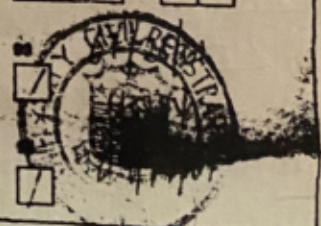
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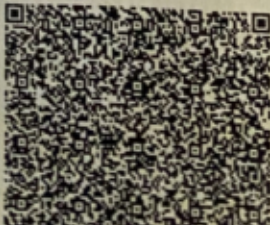
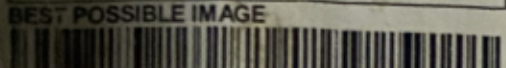
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CSM  
CLAIRE DENNIS S. MADA, Ph.D.