NATIONAL STATISTICS OFFICE

(Copy for OCRG)

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 19a.)

REMARKS/ANNOTATION

Province: PALAWAN
City/Municipality: Puerto Princesa
Registry No.: 2002-2194

For OCRG USE ONLY: Population Reference No.

CHILD

1. NAME (First) KIAN (Middle) SAMANE (Last) CARANGUE
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 21 May 2002
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): OSPITAL NG PALAWAN Puerto Princesa City Palawan
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: 2,727 grams

MOTHER

6. MAIDEN NAME (First) ANALIZA (Middle) JUANITEZ (Last) SAMANE
7. CITIZENSHIP: Filipino
8. RELIGION: Born Again
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: 21 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Lacao Street, Puerto Princesa City Palawan

FATHER

13. NAME (First) KIM (Middle) ALBERO (Last) CARANGUE
14. CITIZENSHIP: Filipino
15. RELIGION: Born Again
16. OCCUPATION: Private Employee
17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
October 18, 2001 - Puerto Princesa City Pa l.

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 7:11 o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: HUMBELINA HARRIET M. LAZO, MD
Title or Position: Attending Physician
Address: San Juan Rd., Pto. Prin. City
Date: May 25, 2002

20. INFORMANT
Signature: [signature]
Name in Print: KIM A. CARANGUE
Relationship to the child: Father
Address: Lacao St., Pto. Prin. City
Date: May 25, 2002

21. PREPARED BY
Signature: [signature]
Name in Print: ELMA P. BALMONTE
Title or Position: E. Midwife
Date: May 25, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ERMINA R. PARALES
Title or Position: CITY CIVIL REGISTRAR
Date: PUERTO PRINCESA CITY

41	8 0 0 2 1 9 4
42	1
43	1
44	2 1 0 5 2 0
45	5 3 1 6 5
46	1
47	1 1
48	0 7 2 7
49	1
50	0
51	0 1
52	0 1
53	0 0
54	2 1
55	5 3 1 6 5
56	1
57	0
58	X 2 0
59	2 7
60	1
61	1

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BReN

Lisa Grace S. Bersales