



Form No. 902  
1983

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in Triplicate)

PROVINCE Siquijor LOCAL CIVIL REGISTRY NO. 91-316

CITY/MUNICIPALITY Siquijor

NAME (First) Juan (Middle) Jose (Last) Solano

2. SEX (Place 'X' on appropriate answer)  
 1 Male  2 Female

DATE OF BIRTH (Day) (Month) (Year)  
24 June 1991

4. PLACE OF BIRTH (Name of hospital/clinic; if not in hospital, the street/barangay)  
Pango Siquijor Siquijor

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
 1 Single  2 Twin  3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
 1 First  2 Second  3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) <u>Gerita G. Ontolan</u>	7. NATIONALITY <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>
9. NAME (First) (Middle) (Last) <u>Juan J. Solano</u>	10. NATIONALITY <u>Filipino</u>	11. RELIGION <u>Roman Catholic</u>

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment in the back)  
 Date January 17, 1982 Place Siquijor, Siquijor

13. CERTIFICATE OF ATTENDANT AT BIRTH  
 I hereby certify that I attended the birth of the child who was born alive at \$100 check on/for on the date stated above.

Signature [Signature] Address [Address]  
 Name in print J. J. S. LAROSA  
 Title or position Head Health Officer Date July 5, 1991

14. INFORMANT  
 Signature [Signature] Address [Address]  
 Name in print [Name]  
 Relationship to child [Relationship] Date July 5, 1991

15a. PREPARED BY  
 Signature [Signature]  
 Name in print [Name]  
 Title or position [Title] Date July 5, 1991

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature [Signature]  
 Name in print [Name] 4560  
 Title or position [Title]  
 Date July 5, 1991

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code books are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE <u>Siquijor</u>	Local Civil Registry <u>5200316</u>	Registration State <u>1</u>
CITY/MUNICIPALITY <u>Siquijor</u>		
17. Weight of Birth (In grams) <u>2722</u>	18. Birth Order of Child (Ex: first, second, etc.) <u>third</u>	
19a. Total Number of Children Born Alive <u>3</u>	19b. How many children are now living including this birth? <u>3</u>	19c. How many children were born alive but are now dead? <u>0</u>
20. Usual Occupation <u>Student</u>	21. Age at the time of the Birth <u>27</u>	
22. Usual Residence (Barangay) <u>[Barangay]</u>	23. Usual Residence (City/Municipality) <u>Siquijor</u>	24. Usual Residence (Province) <u>Siquijor</u>
25. Attendant of Birth (Place 'X' on appropriate answer) <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Heil <input type="checkbox"/> 5 Other		
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <u>240691</u>	Place of Birth <u>61069</u>
Mother's Nationality <u>1</u>	Father's Nationality <u>1</u>	
NAME OF CHILD First: <u>[Name]</u> M.I. <u>[M.I.]</u> Last: <u>[Name]</u>		

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BEST POSSIBLE IMAGE



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Documentary  
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*Carmelita N. Ericta*

CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

