

(Copy for CC-03)

Municipal Form No. 102 (Revised January 1975)		To be accomplished in quadruplicate		REMARKS/ANNOTATION	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> Fill out completely, accurately and legibly. Use ink or typewriter. Place 2 before the appropriate number in items 2, 5a, 3c and 11a.					
Province <u>Santo Domingo</u>			Registry No. <u>2010-2023</u>		
City/Municipality <u>Dapitan City</u>					
C H I L D	1. NAME (First) <u>NICOLE</u> (Middle) <u>GALAS</u> (Last) <u>SAGARIC</u>				
	2. SEX <u>1</u> Male <u>R</u> Female		3. DATE OF BIRTH (Day) (Month) (Year) <u>06</u> <u>September</u> <u>2010</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Dr. Jose Rizal Memorial Hospital, Dapitan City, Santo Domingo</u>				
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____		
M O T H E R	6. BIRTH ORDER (Five births and total deaths including this delivery) (First, second, third, etc.) <u>4th</u>		d WEIGHT AT BIRTH <u>2500</u> grams		
	6. MAIDEN NAME (First) <u>Rose Marie</u> (Middle) <u>Valico</u> (Last) <u>Orles</u>		7. CITIZENSHIP <u>Filipino</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		
	9a. Total number of children born alive <u>4</u>		9b. No. of children living including this birth <u>4</u>		9c. No. of children born alive but are now dead <u>0</u>
F A T H E R	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth <u>28</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Mariakalan, Dapitan City, Santo Domingo</u>				
	13. NAME (First) <u>Rino</u> (Middle) <u>Cagbantuan</u> (Last) <u>Sagaric</u>		14. CITIZENSHIP <u>Filipino</u>		
15. OCCUPATION <u>Driver 3 wheels</u>		16. RELIGION <u>Roman Catholic</u>			
17. AGE AT THE TIME OF THIS BIRTH <u>29</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acknowledge Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>February 16, 2007 - Misora, Mariakalan, Dapitan City</u>			
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Medicine) <u>5</u> Others (Specify) _____					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of this child who was born alive at <u>9:15 A.M.</u> o'clock <u>a.m./p.m.</u> on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>EDUARDO L. ORLES</u> Title or Position <u>Medical Officer II</u> Date <u>Sept. 07, 2010</u>			Signature <u>[Signature]</u> Name in Print <u>LUCINDA R. MACTAS</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>09/08/2010</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>JOSE G. MARIKALAN</u> Relationship to the Child <u>Father</u> Date <u>Sept. 07, 2010</u>			21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ANGIE G. MARIKALAN</u> Title or Position <u>Trustee</u> Date <u>Sept. 07, 2010</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LUCINDA R. MACTAS</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>09/08/2010</u>			23. [Stamp]		

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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

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