



(Copy for OCRG)

Form No. 102 (To be accomplished in quadruplicate) January 1999

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 10a.)

Province: Cebu Registry No: 95-2304
City/Municipality: Lapu-Lapu

1. NAME (First) (Middle) (Last)
FERDI JAJE LAYAHIN MALINAO

2. SEX 1. Male 2. Female **3. DATE OF BIRTH** (day) (month) (year)
29 May 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
OMR Lapu-Lapu City Cebu

5a. TYPE OF BIRTH 1. Single 2. Twin 3. Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1 **7. WEIGHT AT BIRTH**
2268 grams

6. MAIDEN NAME (First) (Middle) (Last)
MA. FLORISA DOBIG LAYAHIN

7. CITIZENSHIP Filipino **8. RELIGION**

9a. Total number of children born alive 1 **9b. No. of children still living including this birth** 1 **9c. No. of children born alive but are now dead** 0

10. OCCUPATION Housewife **11. Age at the time of this birth** 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Terral, Canjular, Lapu-Lapu City Cebu

13. NAME (First) (Middle) (Last)
ROBITO TORAG MALINAO

14. CITIZENSHIP Filipino **15. RELIGION** R. Cath.

16. OCCUPATION laborer **17. Age at the time of this birth** 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
October 8, 1994 - Manalang Cuth. Church

18a. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Pilot (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 12:30 P.M. o'clock on the date stated above.
Signature: [Signature] Address: Lapu-Lapu City
Name in Print: PATRICIA PARALINGHOG
Title or Position: Midwife-OMR Date: May 29, 1995

20. INFORMANT
Signature: [Signature] Address: Terral, Lapu-Lapu City
Name in Print: MA. FLORISAL. MALINAO
Relationship to the child: Mother Date: May 29, 1995

21. PREPARED BY: Signature: [Signature] Name in Print: F. ESPERIDO-RUIE Title or Position: CLERK-OMR Date: May 29, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature] Name in Print: ELIZABETH L. OYAN Title or Position: CITY CIVIL REGISTRAR Date: LAPU-LAPU CITY

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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