

(Copy for OCAG)

Municipal Form No. 102 (Revised January 1993)	(To be accomplished in quadruplicate)  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 X before the appropriate answer in Items 2, 5a, 5b and 19a.)	<b>REMARKS/ANNOTATION</b>
Province <u>Negros Occidental</u> Registry No. _____ City/Municipality <u>Bacolod City</u>		For OCAG USE ONLY: Population Reference No. _____  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  48 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  49 50 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  56 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  61 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  62 64 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  68 68 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  70 72 74 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  76 78 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  81 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  86 87 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  88 91 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  93 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  94 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
1. NAME (First) (Middle) (Last) <b>JULIANNE DIVINAGRACIA</b>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female      3. DATE OF BIRTH (day) (month) (year) <b>05 July 2001</b>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No. Street, Barangay) <b>Bacolod Sanitarium &amp; Hospital, Taanling, Bacolod City, Negros Occ.</b>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.      b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)      d. WEIGHT AT BIRTH <b>First 1900</b> grams		
6. MAIDEN NAME (First) (Middle) (Last) <b>ADELLA MONTAÑEZ DIVINAGRACIA</b>		
7. CITIZENSHIP <u>Filipino</u> 8. RELIGION <u>Fundamental Baptist</u>		
9a. Total number of children born alive: <u>1</u> b. No. of children still living including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Student</u> 11. Age at the time of this birth: <u>17</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>#53 Rosario-Gatusala Sts., Bacolod City, Negros Occidental</b>		
13. NAME (First) (Middle) (Last) <b>UNKNOWN</b>		
14. CITIZENSHIP <u>N/A</u> 15. RELIGION <u>N/A</u>		
16. OCCUPATION <u>N/A</u> 17. Age at the time of this birth: <u>N/A</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>Not Applicable</b>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:05 PM</u> o'clock am/pm on the date stated above.		
Signature _____ Address <u>RSH Compound, Taanling, Bacolod City</u> Name in Print <u>NELITE LARONG S CABALUNA, MD</u> Title or Position <u>Attending Physician</u> Date <u>July 6, 2001</u>		
20. INFORMANT Signature _____ Address <u>#53 Rosario-Gatusala Sts., Bacolod City</u> Name in Print <u>Adella M. Divinagracia</u> Relationship to the child <u>Mother</u> Date <u>July 6, 2001</u>		
21. PREPARED BY Signature _____ Name in Print <u>Jessica A. Devaras</u> Title or Position <u>Medical Records Sec'y</u> Date <u>July 6, 2001</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position <u>REGISTRATION OFFICER</u> Date _____		