



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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.)

Province Samar Registry No. 96-55
City/Municipality Calbayog City

CHILD
1. NAME (First) (Middle) (Last)
XAIRSE LUCILE DIMARKIRIG NAYANA
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
15 Dec. 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Cajunao St. Calbayog City Samar
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 (five births and fetal deaths including this delivery)
1st. (first, second, third, etc.) d. WEIGHT AT BIRTH
7.165 grams

MOTHER
6. MAIDEN NAME (First) (Middle) (Last)
Daisy DILLO DIMARKIRIG
7. CITIZENSHIP Fil. 8. RELIGION RC
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 Homemaker 11. Age at the time of this birth: 22 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Cajunao St. Calbayog City Samar

FATHER
13. NAME (First) (Middle) (Last)
Heri Dandum NAYANA
14. CITIZENSHIP Fil. 15. RELIGION RC
16. OCCUPATION Govt. Emp. 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 21, 1995 Cebu, City

19a. ATTENDANT
1 Physician 2 Nurse X 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 7:05 o'clock am/p.m on the date stated above.

Signature [Signature] Address Pajarito St.
Name in Print EMMA L. TARRAYO City/Municipality Calbayog City
Title or Position Reg. Midwife Date Dec. 15, 1995

20. INFORMANT
Signature [Signature] Address Cajunao St.
Name in Print HERI D. NAYANA City/Municipality Calbayog City
Relationship to the child Father Date Jan. 5, 1996

21. PREPARED BY
Signature [Signature]
Name in Print EMMA L. TARRAYO
Title or Position Reg. Midwife
Date Jan. 5, 1996
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print EMMA L. TARRAYO
Title or Position CIVIL REGISTRAR
Date Jan. 5, 1996

For OCRG USE ONLY:
Population Reference No.
1-003-4752F13-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 1 5 0 0 0 5 5
48 1
49 2 50 1 5 1 2 9 5
56 6 0 1 3 8
61 1
62 0 1 64 3 2 0 0 722
68 1 69 1
70 0 1 72 0 1 74 0 0
76 2 2 0 79 2 2
81 6 0 7 3 8
86 1 87 1 1650
88 3 8 6 81 3 6
93 1
94 3 012195
22178
010596

06601-2H-400NSY-00075-BI001

BEST POSSIBLE IMAGE

BReN
06003-A95ZF02-4

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General