(Copy for OCRG)

Municipal Form No. 102
Revised January 1999

(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: Ifugao Province
City/Municipality: Banaue

Registry No. 97-345

For OCRG Use Only: Registration Reference No. 4614-A97AV02-2

## CHILD

1. NAME: (First) [illegible] (Middle) Cruzado (Last) Cada

2. SEX: X 1 Male ____ 2 Female

3. DATE OF BIRTH: (day) [illegible] (month) February (year) 1997

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Hapaoyungan (City/Municipality) Banaue (Province) Ifugao Province

5a. TYPE OF BIRTH: X 1 Single ____ 2 Twin ____ 3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS: ____ 1 First ____ 2 Second ____ 3 Other, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): fifth

d. WEIGHT AT BIRTH: 4kg grams

## MOTHER

6. MAIDEN NAME: (First) Lady (Middle) Cayubog (Last) Cabang

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 05

b. No. of children still living including this birth: 05

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housekeeper

11. Age at the time of this birth: 33 years

12. RESIDENCE: (House No., Street, Barangay) [illegible] (City/Municipality) Banaue (Province) Ifugao Province

## FATHER

13. NAME: (First) [illegible] (Middle) [illegible] (Last) Cada

14. CITIZENSHIP: Filipino

15. RELIGION: Roman Catholic

16. OCCUPATION: Driver, Conductor

17. Age at the time of this birth: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS, if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.

25 [illegible] Banaue Ifugao Province

19a. ATTENDANT
____ 1. Physician ____ 2 Midwife
____ 4. Hilot (Traditional Midwife)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:00am o'clock am/pm on the date stated above.

Signature: P. Palumay
Name in print: [illegible]
Title or Position: [illegible]
Date: February 17, 1997

20. INFORMANT
Signature: P. Palumay
Name in Print: [illegible]
Relationship to the child: [illegible]
Address: [illegible]
Date: February 17, 1997

21. PREPARED BY
Signature: [illegible]
Name in Print: [illegible]
Title or Position: Municipal Clerk
Date: February 17, 1997

22. RECEIVED IN THE OFFICE OF THE CIVIL REGISTRAR
Signature: [illegible]
Name in Print: [illegible]
Title or Position: [illegible]
Date: February 17, 1997

41: 97 2 13
42: 1
43: 1 2 3 0 1 4 7
44: 4 6 1 4 7
61: 1
62: C 5 64: 2 4 3 4
63: 1 69: 1
70: 0 3 0 3 69
73: 7 3 0 75: 2 3
81: 4 6 1 4 7
82: 1 83: 1 01110
84: 1 7 1 2 85: 4 1
93: 1 02 26 85
4 6 1 4 7
4 02 1 7 9 7

05995-16-429ATF-00505-BI001
BEST POSSIBLE IMAGE

BReN
04614A97AV02-6

Documentary

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