



(Copy for DCRG)

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 MISAMIS OCCIDENTAL			Registry No. 2007-4122			
City/Municipality OZAMIZ CITY						
CHILD	1. NAME (First) (Middle) (Last) JAKHYLA FLORENCE ARELLANO PAO		41. 2007-41			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		42. 1			
	3. DATE OF BIRTH (day) (month) (year) 28th SEPTEMBER 2007		43. 28 09 07			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) MHARS REGIONAL TRAINING AND TEACHING HOSP. OZAMIZ CITY, MIS. OCC.		44. 42101			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		45. 01 2977	
c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.)		d. WEIGHT AT BIRTH 2977 grams		46. 01 2977		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) JACQUELINE ALMA ARELLANO		47. 2			
	7. CITIZENSHIP FILIPINO		8. RELIGION PROTESTANT		48. 28 09 07	
	9a. Total number of children born alive 01		9b. No. of children still living including this birth: 01		49. 42101	
	10. OCCUPATION HOUSEWIFE		11. Age at the time of this birth: 22 years		50. 1	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) GREEN SUBDIVISION BACOLOD, OZAMIZ CITY, MIS. OCC.		13. NAME (First) (Middle) (Last) FLOYD FRANK CMICTIN PAO		51. 01 2977	
FATHER	14. CITIZENSHIP FILIPINO		15. RELIGION PROTESTANT		52. 01 2977	
	16. OCCUPATION PRIVATE EMPLOYEE		17. Age at the time of this birth: 21 years		53. 01 2977	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) APRIL 07, 2007- OZAMIZ CITY, MIS. OCC.				54. 01 2977	
	19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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 9:04 o'clock am/pm on the date stated above MHARS REGIONAL TRAINING AND TEACHING HOSPITAL Signature: <i>[Signature]</i> Address: MANINGGOL, OZAMIZ CITY Name in Print: LUCY C. BUGAS M.D. Title or Position: Medical Specialist- II Date: SEPTEMBER 28, 2007		55. 01 2977	
	20. INFORMANT Signature: <i>[Signature]</i> Address: GREEN SUBDIVISION, BACOLOD, OZAMIZ CITY, MIS. OCC. Name in Print: FLOYD FRANK O. PAO Relationship to the child: Father Date: SEPTEMBER 28, 2007		21. PREPARED BY Signature: <i>[Signature]</i> Name in Print: ESTER S. BALVESTAMIN Title or Position: Administrative Aide III Date: SEPTEMBER 28, 2007		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>[Signature]</i> Name in Print: LETECIA A. TAN Title or Position: CITY CIVIL REGISTRAR Date: OCT 25 2007	

03688-8G-729JBO-00197-BI002

BEST POSSIBLE IMAGE



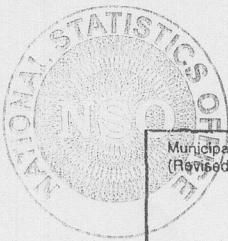
T729036887290019702052010002
UF800231953

BRen
04210-B07TU02-2

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION 102-71 120-20		
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 <u>MISAMIS OCCIDENTAL</u>			Registry No. <u>200-1250</u>			
City/Municipality <u>OZAMIZ CITY</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>JHEM-FRANQUE</u> <u>ARELLANO</u> <u>PAO</u>		FOR OCRG USE ONLY: Population Reference No.			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>24th FEBRUARY 2010</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>MHARS REGIONAL TRAINING AND TEACHING HOSP. OZAMIZ CITY, MIS. OCC.</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	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 _____		41. <u>2010-1250</u>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>		d. WEIGHT AT BIRTH <u>2778</u> grams		48. <u>1</u> 49. 50. <u>2</u> <u>240210</u>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>JACQUELINE</u> <u>ALIMA</u> <u>ARELLANO</u>		49. 50. <u>2</u> <u>240210</u>			
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>PROTESTANT</u>		56. <u>42101</u>	
	9a. Total number of children born alive: <u>02</u>		b. No. of children still living including this birth: <u>02</u>		c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>24</u> years		61. <u>1</u>	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BACLOD, OZAMIZ CITY, MISAMIS OCCIDENTAL</u>			62. 64. <u>022778</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>FLOYD FRANK</u> <u>ONICIN</u> <u>PAO</u>		63. 69. <u>1</u> <u>0</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>PROTESTANT</u>		70. 72. 74. <u>02</u> <u>02</u> <u>00</u>	
	16. OCCUPATION <u>PRIVATE EMPLOYEE</u>		17. Age at the time of this birth: <u>24</u> years		76. 79. <u>220</u> <u>24</u>	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>APRIL 07, 2007- OZAMIZ CITY, MIS. OCC.</u>			81. <u>42101</u>		
	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>9:53</u> o'clock <u>am/pm</u> on the date stated above.		86. 87. <u>1</u> <u>0</u>	
Signature <u>Rosario B. Nazareno</u> Name in Print <u>ROSARIO B. NAZARENO M.D.</u> Title or Position <u>Private Practitioner</u>		Address <u>SAINTS MARY'S GENERAL HOSPITAL, MANINGCOL, OZAMIZ CITY, MIS. OCC.</u> Date <u>FEBRUARY 24, 2010</u>		88. 91. <u>386</u> <u>24</u>		
Signature <u>Jacqueline A. Arellano</u> Name in Print <u>JACQUELINE A. ARELLANO</u> Relationship to the child <u>MOTHER</u>		Address <u>BACLOD, OZAMIZ CITY, MIS. OCC.</u> Date <u>FEBRUARY 24, 2010</u>		93. <u>1</u>		
Signature <u>Esther S. Balvestamin</u> Name in Print <u>ESTHER S. BALVESTAMIN</u> Title or Position <u>Administrative Aide III</u> Date <u>FEBRUARY 24, 2010</u>		Signature <u>Leticia A. Fat</u> Name in Print <u>LETICIA A. FAT</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>MAR 19 2010</u>		93. <u>1</u>		

05268-E1-729JLA-00203-BI001

BEST POSSIBLE IMAGE



T729052687290020306042014001

U1300517438

BReN
04210-B10DQ02-8

Documentary
Stamp Tax Paid

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

