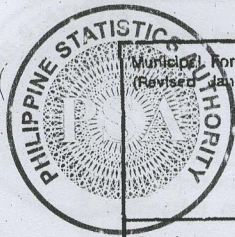


(Copy for OCRG)



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 OSBU OSBU No. 18860
City/Municipality OSBU CITY

CHILD	1. NAME <u>JIRSON</u> (First) <u>PALATA</u> (Middle) <u>MACLANGIT</u> (Last)
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
	3. DATE OF BIRTH (day) (month) (year) <u>31</u> <u>MAY</u> <u>2005</u>
MOTHER	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>OSBU CITY MEDICAL CENTER</u> <u>OSBU CITY</u> <u>OSBU</u>
	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
FATHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>3rd</u>
	d. WEIGHT AT BIRTH <u>3070</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>GENESA</u> <u>ANGHAG</u> <u>PALATA</u>
	7. CITIZENSHIP <u>FIL.</u>
	8. RELIGION <u>BORN AGAIN</u>
	9a. Total number of children born alive: <u>3</u>
	b. No. of children still living including this birth: <u>3</u>
	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>NONE</u>
	11. Age at the time of this birth: <u>32</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>SILANGAN II PIPIR I</u> <u>OSBU CITY</u> <u>OSBU</u>
	13. NAME (First) (Middle) (Last) <u>JAIMS</u> <u>EGAYAN</u> <u>HAGLANGIT</u>
	14. CITIZENSHIP <u>FIL.</u>
	15. RELIGION <u>R.C.</u>
	16. OCCUPATION <u>UTILITY WORKER</u>
	17. Age at the time of this birth: <u>31</u> years

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

NOT MARRIED

19a. ATTENDANT
 1 Physician 2 Nurse 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 8:36 am o'clock am/pm on the date stated above.

Signature: [Signature] Address: M. BACALSO AVENUE
Name in Print: ROY LAURITO OSBU CITY
Title or Position: M.D. Date: MAY 31, 2005

20. INFORMANT
Signature: [Signature] Address: SILANGAN II PIPIR I
Name in Print: GENESA PALATA OSBU CITY
Relationship to the child: MOTHER Date: MAY 31, 2005

21. PREPARED BY: ENL
Signature: [Signature]
Name in Print: RICARDO JENESA
Title or Position: CLERK
Date: MAY 31, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature]
Name in Print: OSCAR B. MOLO
Title or Position: REGISTRATION OFFICER IV
Date: 31 MAY 2005

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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IN800865591

BReN
02217-B05JX1J-9

Documentary
Stamp Tax Paid

[Signature]
JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)

