

(Copy for OCRG)



Form No. 102 (Revised January 1999)  
 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, 9a, 9b and 19a.)

REMARKS/ANNOTATION

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Province: Negros Occidental Registry No. 97-01179  
 City/Municipality: Sipalay

1. NAME: (First) JOHN CARLO (Middle) AUGUSTO (Last) MIGUITA

2. SEX:  Male  Female 3. DATE OF BIRTH: (day) 12 (month) October (year) 1995

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution) Sipalay Mine Hospital, San Jose, Sipalay, Neg. Occ. (City/Municipality) Sipalay (Province) Negros Occidental

5a. TYPE OF BIRTH:  Single  Twin  Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS:  First  Second  Other, Specify

c. BIRTH ORDER: (live births and fetal deaths including this delivery) 5th (first, second, third, etc.) d. WEIGHT AT BIRTH: 2,727 grams

6. MAIDEN NAME: (First) Ma. Cecilia (Middle) Abalos (Last) Abalos

7. CITIZENSHIP: Philippino 8. RELIGION: Catholic

9a. Total number of children born alive: 5 b. No. of children still living including this birth: 5 c. No. of children born alive but are now dead: 0

10. OCCUPATION: housekeeper 11. Age at the time of this birth: 30 years

12. RESIDENCE: (House No., Street, Barangay) Don Juan Tiliaga, Cantitay, Sipalay, Negros Occidental (City/Municipality) Sipalay (Province) Negros Occidental

13. NAME: (First) Conrado (Middle) Gozon (Last) Miguita

14. CITIZENSHIP: Philippino 15. RELIGION: Catholic

16. OCCUPATION: Lineman 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Sipalay, Negros Occidental - May 12, 1985

19a. ATTENDANT:  Physician  Midwife  Traditional (Midwife)  Other, Specify

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 10:00 AM o'clock on August 12, 1997 at the date stated above.

Signature: [Signature] Address: [Address]  
 Name in Print: RESIDENT PHYSICIAN Date: August 12, 1997

20. INFORMANT: Signature: [Signature] Address: [Address]  
 Name in Print: CONRADO MIGUITA Date: August 12, 1997  
 Relationship to the child: Father

21. PREPARED BY: Signature: [Signature] Address: [Address]  
 Name in Print: HELEN BRACIO FERNANDEZ Date: August 12, 1997  
 Title or Position: [Title]

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature] Address: [Address]  
 Name in Print: [Name] Date: 8/12/97  
 Title or Position: [Title]

For OCRG USE ONLY  
 For Police Reference No. [ ]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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 BEST POSSIBLE IMAGE

BReN  
 04527-A95UC04-8

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



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