

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1983)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
Republic of the Philippines 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>BUKIDNON</u>			Registry No. <u>94691</u>			
City/Municipality <u>Manolo Fortich</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>JUVELYN GRACE SHEILA MAE DEL ROSARIO VENTURA</u>		FOR OCR USE ONLY Population Data Form No.			
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>06 April 1994</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>PMB-Phillips-Agusan Canyon-Manolo Fortich Bukidnon</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			
	c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>5</u>		d. WEIGHT AT BIRTH <u>3.6</u> grams			
MOTHER	8. MAIDEN NAME (First) (Middle) (Last) <u>Elsa Mendez del Rosario</u>		21. <u>9400691</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Born Again Christian</u>			
	9a. Total number of children born alive: <u>6</u>		b. No. of children still living including this birth: <u>5</u>		c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>DMPI- Packers</u>		11. Age at the time of this birth: <u>33</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bugo Cagayan de oro city Mis. Or.</u>			22. <u>21060494</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Jimmy Mancao Ventura</u>		23. <u>05 3583</u>			
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Born Again Christian</u>			
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>32</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>October 28, 1992 Tagoloan- Mis. Or.</u>			24. <u>05 05 00</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)			25. <u>999 33</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:20 PM</u> o'clock am/pm on the date stated above.			26. <u>73059</u>			
Signature <u>[Signature]</u> Address <u>Phillips-Ag. Canyon</u> Name in Print <u>MA. ASUNCION V. TABASUARES, MD. M/fortich, Buk.</u> Title or Position <u>Pediatrician</u> Date <u>April 8, 1994</u>			27. <u>7 7</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Bugo-Cagayan de oro</u> Name in Print <u>Elsa Ventura</u> City- <u>Mis. Or.</u> Relationship to the child <u>mother</u> Date <u>April 7, 1994</u>			28. <u>999 32</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Meryl AP. Dormentes</u> Title or Position <u>Admin. clerk</u> Date <u>April 8, 1994</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>Virgie A. Oquillo</u> Title or Position <u>Mun. Civil Reg.</u> Date <u>April 9, 1994</u>			