



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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 Misamis Occidental Registry No. 96-249

City/Municipality Colombo

1. NAME (First) SHENNY (Middle) ACHONDO (Last) ARBUJO

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year) 11 NOV. 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Colombo District Hospital, Colombo, Misamis Occ.

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. **b. IF MULTIPLE BIRTH, CHILD WAS** 1 First 2 Second 3 Others, Specify _____

6. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 3rd **d. WEIGHT AT BIRTH** 7.2 lbs. grams

6. MAIDEN NAME (First) JOLI (Middle) Brown (Last) Achondo

7. CITIZENSHIP Filipino **8. RELIGION** FIJO

9a. Total number of children born alive: 3 **b. No. of children still living including this birth:** 3rd **c. No. of children born alive but are now dead:** 0

10. OCCUPATION housekeeper **11. Age at the time of this birth:** 5 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Solinog, Colombo, Misamis Occ.

13. NAME (First) ANIMUDIN (Middle) ABONG (Last) ARBUJO

14. CITIZENSHIP Filipino **15. RELIGION** FIJO

16. OCCUPATION accountant **17. Age at the time of this birth:** 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Trinidad City, May 19, 1986

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 5:00 o'clock am/pm on the date stated above.

Signature [Signature] Address Colombo District Hospital, Colombo, Misamis Occ.
Name in Print [Name] Date Nov 11, 1996

20. INFORMANT
Signature [Signature] Address Colombo, Misamis Occidental
Name in Print [Name] Relationship to the child [Relationship] Date [Date]

21. PREPARED BY
Signature [Signature]
Name in Print [Name] Title or Position [Position] Date _____

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ANNA P. JAYO Title or Position Asst. LGR Date 27 May 1996

REMARKS/ANNOTATION
"Late Registration"

FOR OCRG USE ONLY
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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96 2400
95 1526
95 048
95 2796
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OFFICE OF THE REGISTRAR
OFFICIAL SEAL
MISAMIS OCCIDENTAL

03723-86-003JAF-03510-BI001

BEST POSSIBLE IMAGE



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BReN

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Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office

