



Official 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, 3a, 3b and 15a.

Copy for OCRO

REMARKS/ANNOTATION

Province Siguljor Registry No. 97-78
City/Municipality Siguljor

CHILD	1. NAME (First) (Middle) (Last) <u>JURAN VIDA</u> <u>GUERRE</u> <u>REVERA</u>		
	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) <u>15</u> <u>January</u> <u>1997</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Siguljor Provincial Hospital - Siguljor, Siguljor</u>		
	5. TYPE OF BIRTH (a) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (Specify) _____ (b) IF MULTIPLE BIRTH, CHILD WAS _____ <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify) _____		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>María Jessinda</u> <u>Lozano</u> <u>Costa</u>		7. WEIGHT AT BIRTH <u>2.608</u> grams
	8. CITIZENSHIP <u>Filipino</u>		9. RELIGION <u>Roman Catholic</u>
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of the birth: <u>29</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tigayonan</u> <u>Laos</u> <u>Siguljor</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Daniel</u> <u>Kaizon</u> <u>Mivaca</u>		14. RELIGION <u>Roman Catholic</u>
	15. OCCUPATION <u>Teacher</u>		
	17. Age at the time of the birth: <u>30</u> years		

6920

For OCRO USE ONLY:
Population Reference No.
6104-A97RF00-9

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

47 9700078

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18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not marked, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
July 3, 1993 - Linaon, Linao del Norte

19a. ATTENDANT
 1. Physician 2. Nurse 3. Midwife
 4. Other (Specify): _____

19b. CERTIFICATION OF BIRTH
(I hereby certify that I witnessed the birth of the child who was born alive at 12:00 o'clock on the date signed above.)
Signature: Carl Retana Address: Siguljor, Siguljor
Name in Print: ROBERTO C. REVERA, M.D. Address: Siguljor, Siguljor
Title or Position: Med. Specialist II Date: January 24, 1997

20. INFORMANT
Signature: María Jessinda C. Rivera Address: Tigayonan, Siguljor
Name in Print: MARIA JESSINDA C. RIVERA Date: January 24, 1997
Relationship to the child: Mother

21. PREPARED BY
Signature: [Signature]
Name in Print: JAMES A. BRANCO, III
Title or Position: Registrar General III
Date: January 24, 1997

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