

(Copy for OCRG)



Form No. 102 January 1983 Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)		REMARKS/ANNOTATION  XI-34  1820		
Province <u>Bohol</u> City/Municipality <u>Trinidad</u>		Registry No. <u>90160</u>		
1. NAME (First) (Middle) (Last) <u>Jazziemar Gaze J. Nonil</u>		For BORD USE ONLY: Registration Reference No. <u>1244-199H801-7</u>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>08 April 1939</u>		
CHILDBIRTH	4. PLACE OF BIRTH (Name of Hospital/ Clinic/ Institution/ (City/Municipality) (Province) (House No., Street, Barangay) <u>Hinlaya-an Ilwad, Trinidad, Bohol</u>		5. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. 6. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
	5a. BIRTH ORDER (live births and total deaths including this delivery) (first, second, third, etc.) <u>2nd</u>			6. WEIGHT AT BIRTH <u>3175</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>Maria Elena Dipay</u>			7. CITIZENSHIP 8. REGION
MOTHER	9a. Total number of children born alive:		9b. No. of children still living including this birth: <u>2</u>	
	9c. No. of children born alive but are now dead:		10. OCCUPATION <u>Housekeeper</u>	
FATHER	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>1</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Hinlaya-an Ilwad, Trinidad, Bohol</u>		12. NAME (First) (Middle) (Last) <u>Marciano Nonil</u>	
	13. NAME (First) (Middle) (Last) <u>Marciano Nonil</u>		14. CITIZENSHIP 15. RELIGION	
16. OCCUPATION <u>Farmer</u>		17. Age at the time of this birth: <u>36</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, a common ancestor or Acknowledgment (Name and Address of Postoffice at the back). <u>January 17, 1998 - Trinidad, Bohol</u>				
19a. ATTESTANT (Name) (Address) (City/Municipality) (Province) <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Traditional (Midwife) <input type="checkbox"/> 5 Others (Specify)		19b. CERTIFICATION OF BIRTH (Indicate clearly first) I attended the birth of the child who was born alive at <u>08</u> o'clock <u>AM</u> on the <u>08</u> day of <u>April</u> above.		
20. INFORMANT (Name) (Address) (City/Municipality) (Province) Signature: <u>[Signature]</u>		21. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>[Name]</u> Title: <u>[Title]</u> Date: <u>04/12/98</u>		

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