



Form No. 102  
1988

(To be accomplished in Triplicate)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

LATE REGISTRATION

PROVINCE Bukidnon LOCAL CIVIL REGISTRY NO. 93-695  
CITY/MUNICIPALITY Talakag

1. NAME (First, Middle, Last) <u>MAYBELLE ANN ALOMBRO NACA</u>		
2. SEX (Place 'X' on appropriate answer) <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u>		3. DATE OF BIRTH (Day, Month, Year) <u>27 May 1993</u>
4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) (City/Municipality, Province) <u>Tikalalan Talakag Bukidnon</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> <u>1 Single</u> <input type="checkbox"/> <u>2 Twin</u> <input type="checkbox"/> <u>3 Three or more</u>		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <input type="checkbox"/> <u>2 Second</u> <input type="checkbox"/> <u>3 Third, 4th, etc.</u>
6. MAIDEN NAME (First, Middle, Last) <u>Annabelle Fantao Alombro</u>		7. NATIONALITY <u>Filipino</u>
8. RELIGION <u>Roman Catholic</u>		
9. NAME (First, Middle, Last) <u>Ariel Aceret Naca</u>		10. NATIONALITY <u>Filipino</u>
11. RELIGION <u>Roman Catholic</u>		
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgement at the back) Date: <u>October 26, 1992</u> Place: <u>Sto. Niño, Talakag, Bukidnon</u>		
13. CERTIFICATE OF ATTENDANT OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:07</u> o'clock a.m./p.m. on the date stated above Signature: <u>Maxima Alahay</u> Address: <u>Barangay Tikalalan Talakag, Bukidnon</u> Name in print: <u>MAXIMA ALAHAY</u> Date: <u>May 27, 1993</u> Title or position: <u>Traditional Midwife</u>		
14. INFORMANT Signature: <u>Annabelle Naca</u> Address: <u>Barangay Tikalalan Talakag, Bukidnon</u> Name in print: <u>ANNABELLE NACA</u> Date: <u>May 27, 1993</u> Relationship: <u>Mother</u>		
15a. PREPARED BY Signature: <u>[Signature]</u> Name in print: <u>JOCELYN S. FELICILDA</u> Title or position: <u>Registry Clerk</u> Date: <u>May 27, 1993</u>		15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in print: <u>VIRGILIO T. CARRILLOS</u> Title or position: <u>Civil Registrar</u> Date: <u>July 09, 1993</u>
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT		
b. DATE WHEN INFORMATION WAS SUPPLIED		

Father Mother

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the office of the Local Civil Registrar)

Local Civil Registry 9320695 Registration Status 15

PROVINCE Bukidnon CITY/MUNICIPALITY Talakag

17. Weight of Birth (in grams) <u>61bs</u>	18. Birth Order of Child Ex. first, second, etc. <u>1st</u>
19a. Total Number of Children Born Alive <u>01</u>	19b. How many children are now living including this birth? <u>01</u>
19c. How many children were born alive but are now dead? <u>0</u>	
20. Usual Occupation <u>Housekeeper</u>	21. Age at the time of this birth <u>20</u>
22. Usual Residence Barangay <u>Tikalalan</u> (City/Municipality) <u>Talakag</u> (Province) <u>Bukidnon</u>	
23. Usual Occupation <u>Motor Vehicle Driver</u>	24. Age at the time of this birth <u>21</u>
25. Attendant of Birth (Place 'X' on appropriate answer) <input type="checkbox"/> <u>1 Physician</u> <input type="checkbox"/> <u>2 Nurse</u> <input checked="" type="checkbox"/> <u>3 Midwife</u> <input type="checkbox"/> <u>4 Healer</u> <input type="checkbox"/> <u>5 Others</u>	
Sex <u>2</u> Date of Birth <u>05 27 93</u> Place of Birth <u>10 20 1</u> Mother's Nationality <u>1</u> Father's Nationality <u>1</u>	
NAME OF CHILD First <u>MAYBELLE ANN</u> M.I. <u>A</u> Last <u>NACA</u>	

RESERVE FOR BINDING

"IPAKITA SA MUNDO, UMAASENSO NA TAYO".

04714-62-701MOV-00244-BI001

BEST POSSIBLE IMAGE



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#300415483

BReN  
01320-A93KT01-7

Documentary  
Stamp Tax Paid

*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

