



Form No. 102 Revised January, 1966

Republic of the Philippines

CERTIFICATE OF LIVE BIRTH FOR OCRE FILE

FILL OUT COMPLETELY, ACCURATELY, AND LEGIBLY WITH INK OR IN PENCIL

Register Number:

(a) Civil Registrar General No. _____
(b) Local Civil Registrar No. 3417

Province _____
City or Municipality Zamboanga City

1. PLACE OF BIRTH
a. Province _____
b. City or Municipality Zamboanga City
c. Name of Hospital or Institution if not in Hospital, give street address BRENT HOSPITAL
d. Is place of Birth inside City Limit? Yes No

2. Usual Residence of Mother Where does mother live?
a. Province _____
b. City or Municipality Zamboanga City
c. Number and Street San Jose Rd.
d. Is Residence inside City Limit? Yes No
e. Is Residence on a Farm? Yes No

3. NAME Type or Print
First JUNE Middle DOLORES Last NALAGON

4. Sex F
5a. This Birth X Single Twin Triplet
5b. If Twin or Triplet, was Child 1st 2nd 3rd
6. Date of Birth 8, 1974
Month June Day _____ Year _____

7. NAME First APOLONIO Middle F. Last NALAGON
Religion Roman Catholic 8. Nationality Filipino 9a. Race Brown

9. AGE at time of this birth 40 10. Birthplace Iloilo City
11a. Usual Occupation Sailor 11b. Kind of Business or Industry _____

12. Maiden Name First ZENAIDES Middle S. Last DOLORES
Religion Roman Catholic 13. Nationality Filipino 13a. Race Brown

14. AGE at time of this birth 33 15. Birthplace Pampanga
16. Previous Deliveries to Mother 3
Do not include this birth 3

17a. Informant's Signature: Zenaides D. Nalagon
b. Name in Print ZENAIDES D. NALAGON
c. Address San Jose Rd., Zamboanga City

17c. How many children were born alive but now dead? 0
17d. How many fetal death fetuses born dead any time after conception? 0

18. MOTHER'S MAILING ADDRESS: Number, Street, City or Municipality, Province
San Jose Rd., Zamboanga City

19. ATTENDANT AT BIRTH
1. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 7:25 o'clock A.M. on the date above indicated.
a. Signature: Amparo E. Macariola
b. Name in Print: AMPARO E. MACARIOLA, MD.
c. Address: Zamboanga City
d. Date: JUL 3 1974

d. Date Signed by Attendant at Birth _____
e. Title of Attendant at Birth MD.
 M.D. Midwife Nurse Others (Specify) _____

20. Received in the Office of the Local Registrar by:
a. Signature: _____
b. Name in Print: _____
c. Title or position: _____
d. Date: _____

21. a. Given name added from Supplemental Report: _____
b. Date when Given Name is supplied: MD

22. Length of Pregnancy 40 Completed Weeks
22b. Weight at Birth 7 Lbs. 12 Oz. Yes No

24. Date and Place of Marriage of Parents for legitimate birth:
Month November Date 29 Year 1962
City or Municipality Zamboanga Province _____

25. This Certificate is prepared by _____
Name in Print: MARGUERITE S. CLARK
Title and Position: CLERK
Date: June 17, 1974

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES: _____
OFFICE OF THE _____
City of Zamboanga

NATIONAL STATISTICS OFFICE
RECEIVED
Jun 3/31/74
OFFICE OF THE DIRECTOR
Civil Registration Department



CERTIFIED TRUE COPY
ATTY. ALEXANDER ERIC P. ELIAS
CITY CIVIL REGISTRAR
MAR 22 2005

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BEST POSSIBLE IMAGE

BRen
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.