(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Capiz
City/Municipality: Sapian
Registry No.: 95-N1

For OCRG USE ONLY
Population Reference No.: 1915-A95BU01-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: (First) DINA (Middle) OLIP (Last) MANDRE

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 28 (month) January (year) 1995

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Bilao (City/Municipality) Sapian (Province) Capiz

5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery): Third (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2410 grams

MOTHER

6. MAIDEN NAME: (First) Denia (Middle) R. (Last) Olip

7. CITIZENSHIP: Filipina

8. RELIGION: R. Cath.

9a. Total number of children born alive: 3

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housekeeper

11. Age at the time of this birth: 26 years

12. RESIDENCE: (House No., Street, Barangay) Bilao (City/Municipality) Sapian (Province) Capiz

FATHER

13. NAME: (First) Celso (Middle) F. (Last) Mandre

14. CITIZENSHIP: Filipino

15. RELIGION: R. Cath.

16. OCCUPATION: Rice Farmer

17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 18, 1988 - Sapian, Capiz

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse ___ 3 Midwife
X 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 11:00 P.M. o'clock am/pm on the date stated above.

Signature: ___ Address: Bilao, Sapian, Capiz
Name in Print: Bienvinido Flores
Title or Position: Hilot Date: ___

20. INFORMANT
Signature: Denia Mandre Address: Bilao, Sapian, Capiz
Name in Print: DINIA O. MANDRE
Relationship to the child: Mother Date: February 27, 1995

21. PREPARED BY
Signature: ___
Name in Print: NOLIBA A. THEODORE
Title or Position: Clerk
Date: February 27, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: ___
Name in Print: BASSANIO V. TUPAZ
Title or Position: Local Civil Registrar
Date: February 27, 1995

41: 1F
48: 1
49: 1
50:
56:
61:
62: 13
64:
68:
69:
70: 02
72: 12
74: 12
76: 2
79:
81:
86:
87: 2020
88: 1
91:
93: 06/888 19158
94: 4

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BEST POSSIBLE IMAGE
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20500707336

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01915-A95BL01-5

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority