(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines

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: Davao
City/Municipality: Tagum
Registry No. 95-865

FOR OCRG USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) FRETZELJANE (Middle) OJOYLAN (Last) OLOR

2. SEX ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year) 06 February 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Davao Regional Hospital Tagum Davao

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) 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH 2400 grams

MOTHER

6. MAIDEN NAME (First) Ailyn (Middle) Ayos (Last) Ojoylan

7. CITIZENSHIP Fil.

8. RELIGION Baptist

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

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

10. OCCUPATION HouseKeeper

11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Dalisay Rd. Tagum Davao

FATHER

13. NAME (First) Dario (Middle) Casera (Last) Olor

14. CITIZENSHIP Fil.

15. RELIGION R.C.

16. OCCUPATION self-employed

17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
January 9, 1993 - Tagum,Dvo.

19a. ATTENDANT
X 1 Physician ___ 2 Nurse ___ 3 Midwife
___ 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 8:04 o'clock am/pm on the date stated above.

Signature
Address Davao Regional Hosp.
Name in Print EVELYN ROSS H. PERDIDO,MD.
Title or Position Medical Officer III
Date Feb. 20, 1995

20. INFORMANT
Signature
Name in Print DARIO OLOR
Relationship to the child Father
Address Dalisay Rd. Tagum Dvo.
Date Feb. 20, 1995

21. PREPARED BY
Signature
Name in Print ALICE P. SIBUGON
Title or Position Clerk I
Date Feb. 20, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print ORLIO L. MADARANG
Municipal Civil Registrar
Title or Position
Date FEB 24 1995

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43 4 5 0 0 8 0 5
48 1
49 50 2 0 6 0 2 9 5
55 2 3 1 9 2
61 1
62 63 0 2 2 4 6 0
68 1 69 1
70 72 74
76 79
81 2 3 1 0 2
86 1 87 1 2050
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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority