



Form No. 102  
Revised January 1993

Republic of the Philippines  
OFFICE OF THE 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, 5c, and 19a.)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Province <u>PANGASINAN</u>		City/Municipality <u>DAUPAN CITY</u>		Registry No. <u>97-7854</u>	
1. NAME <u>SHARBA NAB</u> (First)		(Middle) <u>MAQUILING</u>		(Last) <u>STANAN</u>	
2. SEX <u>Male</u> X <u>Female</u>		3. DATE OF BIRTH (day) (month) (year) <u>1997</u>		6. <u>OCTOBER</u> 1997	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>HOUSE NO. 1 MEDICAL CENTER SUBURBAN U.T.S.M.P. DAUPAN CITY, PANGASINAN</u>					
5a. TYPE OF BIRTH <u>Single</u> X <u>Twin</u>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____			
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,500</u> grams			
6. MAIDEN NAME <u>MORA</u> (First) (Middle) <u>MAQUILING</u> (Last) <u>STANAN</u>		8. RELIGION <u>ROMAN CATHOLIC</u>			
CITIZENSHIP <u>FILIPINO</u>					
9a. Total number of children born <u>3</u>		b. No. of children still being included this birth: <u>3</u>		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>25</u> years			
12. RESIDENCE (House No., Street, Barangay) <u>BAYANAS</u> (City/Municipality) <u>PANGASINAN</u> (Province) <u>U.T.S.M.P.</u>					
13. NAME <u>AMULEFO</u> (First) (Middle) <u>MAQUILING</u> (Last) <u>STANAN</u>					
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CATHOLIC</u>			
16. OCCUPATION <u>EMPLOYEE</u>		17. Age at the time of this birth: <u>28</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 8, 1993</u> <u>PANGASINAN</u>					
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional/Herbal) <u>5</u> Others (Specify) _____					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born at <u>7:30 A.M.</u> on <u>October 6, 1997</u> at <u>HOUSE NO. 1 MEDICAL CENTER SUBURBAN U.T.S.M.P. DAUPAN CITY, PANGASINAN</u> . Signature <u>DR. LUTHER F. MARIANO</u> Address <u>HOUSE NO. 1 MEDICAL CENTER SUBURBAN U.T.S.M.P. DAUPAN CITY, PANGASINAN</u> Name in Print <u>DR. LUTHER F. MARIANO</u> Date <u>OCTOBER 6, 1997</u> Title or Position <u>U.T.S.M.P. DAUPAN CITY, PANGASINAN</u>					
20. INFORMANT Signature <u>SHARBA NAB</u> Address <u>BAYANAS, UPRANETA, PANGASINAN</u> Name in Print <u>SHARBA NAB</u> Date <u>OCTOBER 6, 1997</u> Title or Position <u>U.T.S.M.P. DAUPAN CITY, PANGASINAN</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LINA R. BERSALES</u> Name in Print <u>LINA R. BERSALES</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>OCTOBER 6, 1997</u>		
21. PREPARED BY Signature <u>SHARBA NAB</u> Name in Print <u>SHARBA NAB</u> Title or Position <u>U.T.S.M.P. DAUPAN CITY, PANGASINAN</u> Date <u>OCTOBER 6, 1997</u>					

REMARKS/ANNOTATION

For OCRG USE ONLY:  
Population Reference No. 1518-477407-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9707254

48 1

2880

49 2

061097

55 55156

61 2

62 03

2500

68 1

1

70 03

0390

76 290

25

81 55462

86 1

1

88 720

28

93 1

050893

94 1

050893

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Lina Grace S. Bersales  
National Statistician and Civil Registrar General  
Philippine Statistics Authority