

(Copy for OCR)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 18a.)

Province C CAVITERegistry No. 97-753City/Municipality NAG

C H I L D	1. NAME (First) (Middle) (Last) <u>JOSUISIAH</u> <u>ZAPANTA</u> <u>CASPILO</u>		
	2. SEX <u>X</u> 1 Male <u> </u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>18</u> <u>April</u> <u>1997</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>BANJAN</u> <u>NAG</u> <u>CAVITE</u>		
	5a. TYPE OF BIRTH (b. IF MULTIPLE BIRTH, CHILD WAS <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Triplet, etc. <u> </u> 3 Others, Specify		
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>JULIETA</u> <u>Z.</u> <u>ZAPANTA</u>		
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>CATHOLIC</u>
	9a. Total number of children born alive: <u>1</u> b. No. of children still living including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u>		
F A T H E R	10. OCCUPATION <u>housekeeper</u>		11. Age at the time of this birth: <u>21</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>RANGAL RD. COGO,</u> <u>NAG</u> <u>CAVITE</u>		
	13. NAME (First) (Middle) (Last) <u>JOSUITAN</u> <u>A.</u> <u>CASPILO</u>		
14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>CATHOLIC</u>	
16. OCCUPATION <u>farmer</u>		17. Age at the time of this birth: <u>25</u> years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 16, 1996 Naga Cavite

18a. ATTENDANT

 1 Physician 2 Nurse X 3 Midwife
 4 Healer (Traditional Midwife) 5 Others (Specify)

18b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 1030 P.M. o'clock
on the date stated above.

Signature [Signature]
Name in Print Medina S. Medina
Title or Position Reg. Midwife

Address Banjan Naga Cavite
Date April 18 1997

20. INFORMANT

Signature [Signature]
Name in Print Juliana Z. Caspiro
Relationship to the child mother

Address Banjan Naga Cavite
Date April 18 1997

21. PREPARED BY

Signature [Signature]
Name in Print Medina S. Medina
Title or Position Reg. Midwife
Date April 21 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature [Signature]
Name in Print ROBERTO A. ACOSTA
Title or Position MUN. CIVIL REGISTRAR
Date APR 30 1997

For OCRG USE ONLY:
Population Reference No.2115-A97GJ03-6TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR41
970075348
149 50
1 18049758
2115761
162 64
01 272268 69
1 170 72 74
01 01 0076 78
200 2181
2115786 87
1 1 35088 91
619 2593
1 06169694
3 01154

043097

03131-91-144RCL-00467-BI001

BEST POSSIBLE IMAGE

BReN
02115-A97GJ01-0

Carmelita N. ERICTA
CARMELITA N. ERICTA