



Municipal Form No. 102
(Revised January 1993)

(To be accomplished by the Registrar)

(Copy for OCRG)

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.)

Province **Davao del Sur**
City/Municipality **Davao City**

Registry No. **99-41967**

REMARKS/ANNEXATION

CHILD	1. NAME (First) (Middle) (Last) JHANNNA PAULA SETENTA DARAYDO		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 18 NOVEMBER 1999
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Meroy Maternity Center - PO Box 81227 8000 Davao City		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
MOTHER	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		41 994117 48 1 49 2 50 18119 56 2412 61 1 62 02 64 94107 66 1 68 0 70 02 72 02 74 40
	c. BIRTH ORDER (live births and fetal deaths including this delivery) Second (first, second, third, etc.)		
	d. WEIGHT AT BIRTH 3402 grams		
	6. MAIDEN NAME (First) (Middle) (Last) Dely Santos Setenta		
FATHER	7. CITIZENSHIP Filipino		8. RELIGION Baptist
	9a. Total number of children born alive: 2		
	9b. No. of children still living including this birth: 2		
	9c. No. of children born alive but are now dead: 0		
10. OCCUPATION Housewife		11. Age at the time of this birth: 26 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Sto. Nino, Jerome, Agdao, Davao City			
13. NAME (First) (Middle) (Last) Floro Doctot Daraydo			
14. CITIZENSHIP Filipino		15. RELIGION Roman Catholic	
16. OCCUPATION Lay out Artist		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.)

May 29, 1999, General Baptist Church, Magaysay, Marikina District, Davao City

19a. ATTENDANT

☐ 1 Physician ☐ 2 Nurse ☒ 3 Midwife
☐ 4 Healer (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 **7:38 am** o'clock am/pm on the date stated above.

Signature *Analinda M. Tipan*
Name in Print **Analinda M. Tipan**
Title or Position **Midwife**

Address **PO Box 81227**
8000 Davao City
Date **November 23, 1999**

20. INFORMANT

Signature *Dely Daraydo*
Name in Print **Dely Daraydo**
Relationship to the child **Mother**

Address **Sto. Nino, Jerome,**
Agdao, Davao City
Date **November 23, 1999**

21. PREPARED BY

Signature *Julie M. Uy Tinto*
Name in Print **Julie M. Uy Tinto**
Title or Position **Nurse-Midwife**
Date **November 23, 1999**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *Elvira O. Castille*
Name in Print **ELVIRA O. CASTILLE**
Title or Position **REGISTRATION OFFICER IV**
Date **November 23, 1999**

District, Davao City

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