



Municipal Form No. 102
(Revised 1968)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink)

(To be accomplished in triplicate)



PROVINCE _____
CITY/MUNICIPALITY _____

LOCAL CIVIL REGISTRY NO. 91-1563

1. NAME (First) (Middle) (Last)
JANICE VARON GALO

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)
1 Male X 2 Female 6 JANUARY 1991

4. PLACE OF BIRTH (Name of Hospital/Institution. If not in hospital, give street/barangay) (City/Municipality) (Province)
LACSON CALINAN DAVAO CITY

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS
X 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
DEMETRIA TOLIBAS VARON FILIPINO CATHOLIC

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
BONIFACIO PALACA GALO FILIPINO CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgement at the back)
JANUARY 31 1986 GUADALUPE ESPERANZA AGUIRRE DEL SUR

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:00 o'clock a.m./p.m. on the date stated above

Signature Soledad Ayos Address LACSON CALINAN DAVAO CITY
Name in print SOLEDAD AYOS
Title or position Midwife Date 1-21-91

14. INFORMANT
Signature Demetria T. Varon Address LACSON CALINAN DAVAO CITY
Name in print DEMETRIA T. VARON
Relationship to child MOTHER Date 1-21-91

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature Charmaine Signature CARMELITA N. ERICIA
Name in print LOURDES G. CHARCOS Name in print City Gov't Asst. Dept. Head
Title or position BHW Title or position JAN 22 1991
Date 1-21-91 Date _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for Items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE DAVAO del Sur Local Civil Registry No. 91-1563 Registration Status 7

CITY/MUNICIPALITY DAVAO CITY

17. Weight at Birth (in grams) 3 kilos 18. Birth Order of Child Ex. first, second, etc. 8th

19a. Total Number of Children Born Alive 8 b. How many children are now living including this birth? 6 c. How many children were born alive but are now dead? 2

20. Usual Occupation HOUSEKEEPER 21. Age at the time of this Birth 28 yrs.

22. Usual Residence (Barangay) LACSON CALINAN (City/Municipality) DAVAO CITY (Province) DAVAO

23. Usual Occupation CARPENTER 24. Age at the time of this Birth 37 yrs.

25. Attendants at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Midwife 5 Others

Sex 2 Date of Birth 060191 Place of Birth 24026 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD First M.I. Last
JANICE U GALO

03337-3G-700RRL-00665-BI001

BEST POSSIBLE IMAGE



T700033377000066502192009001

BReN

02402-A91B60E-2

Documentary
Stamp Tax Paid

Carmelita N. Erica

CARMELITA N. ERICIA
Administrator and Civil Registrar General
National Statistics Office