



(Copy for OCRG)

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

 RECEIVED  
 26 NOV 1997  
 DATE

 Province  
 City/Municipality

 Davao del Sur  
 Davao City

 Registry No.  
 97-18,970

DATE REG.

CHILD	1. NAME (First) MILA ROSE (Middle) YANET (Last) DALEN	2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 15 June 1997
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, or Home) Davao Medical Center Davao City	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin 3 Triplet, etc.		
	b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input checked="" type="checkbox"/> 2 Second 3 Others, Specify		c. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.)	
	d. WEIGHT AT BIRTH 2580 grams			
MOTHER	6. MAIDEN NAME (First) RODORA (Middle) YANET (Last) DALEN	7. CITIZENSHIP Filipino		
	8a. Total number of children born alive: 1	b. No. of children still living including this birth: 1	c. No. of children born alive but are now dead: 0	
	10. OCCUPATION Housekeeper		11. Age at the time of this birth: 16 years	
	12. RESIDENCE (House No., Street, Barangay) 31k 34 Lot 2 35A Suburban, Davao City		(City/Municipality) (Province)	
FATHER	13. NAME (First) (Middle) (Last)	14. CITIZENSHIP		
	15. RELIGION		16. Age at the time of this birth: years	
	17. Age at the time of this birth: years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) N/A			

 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 7:09 am/pm on the date stated above.

 Signature: JOCELYN O. PAGARAN, MD.  
 Name in Print: JOCELYN O. PAGARAN, MD.  
 Title or Position: \_\_\_\_\_  
 Address: Davao Medical Center, Davao City  
 Date: June 20, 1997

## 20. INFORMANT

 Signature: Rodora Yanet Dalen  
 Name in Print: RODORA YANET DALEN  
 Relationship to the child: Mother  
 Address: 31k 34 Lot 2 35A Suburban, Davao City  
 Date: June 20, 1997

## 21. PREPARED BY

 Signature: \_\_\_\_\_  
 Name in Print: ISAAC E. TABARE  
 Title or Position: \_\_\_\_\_  
 Date: June 20, 1997

## 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

 Signature: \_\_\_\_\_  
 Name in Print: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_  
 Date: 26 NOV 1997
For OCRG USE ONLY:  
Population Reference No.TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

41 9715760

48 ☒

49 50 450697

56 44026

61 ☐

62 64 0114580

68 ☐

70 72 74 011 01 80

76 78 220 16

81 44026

86 87 2700

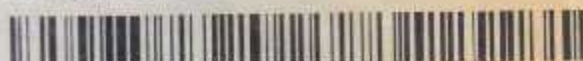
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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority