



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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 Lanao del Norte Registry No. 2000 4234
City/Municipality Iligan City

1. NAME (First) (Middle) (Last)
NOH. AL-FADHEL DATU CALI

2. SEX X 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
04 June 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Meroy Community Hospital, Camague, Iligan City, Lanao Norte

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) Third (first, second, third, etc.)

d. WEIGHT AT BIRTH 2637 grams

6. MAIDEN NAME (First) (Middle) (Last)
INDIRAH TANOG DATU

7. CITIZENSHIP Filipino 8. RELIGION Islam

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION CIDSS-DSWD WORKER 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
092 Old Capitol, Marawi City, Lanao del Sur

13. NAME (First) (Middle) (Last)
AMENODIN TANOG CALI

14. CITIZENSHIP Filipino 15. RELIGION Islam

16. OCCUPATION Non-Government Development Worker 17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
February 22, 1997 - Marawi City, Lanao del Sur

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilol (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 4:12 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Iligan City
Name in Print DR. FLORENCIADA YANEZ
Title or Position Attending Physician Date June 6, 2000

20. INFORMANT
Signature [Signature] Address 092 Old Capitol, Marawi City
Name in Print AMENODIN T. CALI
Relationship to the child Father Date June 6, 2000

21. PREPARED BY
Signature [Signature]
Name in Print MARICEL B. ELERIO
Title or Position Records Clerk
Date June 6, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print MA PURA CABIL MASCARNAS
Title or Position REGISTRATION OFFICER IV
Date June 6, 2000

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 48 49 50 56 51 62 64 68 69 70 72 74 76 78 81 86 87 88 91 93 94

RECORDED
08-28-1997
36178
06-08-2000

07907-8H-733CCL-00464-BI002

BEST POSSIBLE IMAGE



733079077330046408252021002
P700462548

BReN
03504-B00L402-3

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

