



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 19a.)

Province CEBU City/Municipality CEBU CITY Registry No. 96-9472

1. NAME (First) ROEBIN LORENZO (Middle) DELA PEÑA (Last) ROSARIO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH 04 (APRIL) 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU

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) SECOND (first, second, third, etc.) d. WEIGHT AT BIRTH 3147 grams

6. MAIDEN NAME (First) LOLITA (Middle) PARDILLO (Last) DELA PEÑA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: NONE

10. OCCUPATION EMPLOYEE 11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
98-2 CABANTAN ST. MABOLO, CEBU CITY

13. NAME (First) ROWENO (Middle) REPOSO (Last) ROSARIO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION NONE 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
DECEMBER 27, 1993 - QUEZON CITY

19a. ATTENDANT X 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 4:25 A.M. o'clock am/pm on the date stated above.

Signature LYN ALANA, M.D. Address PERPETUAL SUCCOUR HOSPITAL
Name in Print RESIDENT PHYSICIAN Date APRIL 25, 1996
Title or Position

20. INFORMANT Signature MR. ROWENO R. ROSARIO Address 98-2 CABANTAN ST., MABOLO, CEBU CITY
Name in Print FATHER Date APRIL 25, 1996
Relationship to the child

21. PREPARED BY Signature LOLITA Q. GARCIA
Name in Print MED. RECORD CLERK
Title or Position APRIL 25, 1996
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____ Date _____
Name in Print _____ Title or Position _____
Date _____

For OCRC USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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

