



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy)

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 Registrar No. 99 19672
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
LESLEY GRACE ERIA CHIONG

2. SEX X 3. DATE OF BIRTH (day) (month) (year)
1 AUGUST 1999

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

5a. TYPE OF BIRTH 5b. IF MULTIPLE BIRTH, CHILD WAS
1 Single 2 Twin 3 Triplet, etc. 1 First 2 Second
3 Others, Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
4TH (first, second, third, etc.) 3450 grams

6. MAIDEN NAME (First) (Middle) (Last)
MELLY DELA CRUZ ERIA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
WALING WALING, B. RODRIGUEZ, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
JOEL BARBAS CHIONG

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FACTORY WORKER 17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
AUGUST 25, 1990, SILAY CITY, NEGROS OCCIDENTAL

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 11:14 o'clock any/pm on the date stated above.

Signature Marcelito D. Esperon Address AV. BACALSO AVENUE, CEBU CITY
Name in Print MARCELITO D. ESPERON Date AUGUST 1, 1999
Title or Position M.D.

20. INFORMANT
Signature Melly Chiong Address WALING WALING, B. RODRIGUEZ, CEBU CITY
Name in Print MELLY CHIONG Date AUGUST 1, 1999
Relationship to the child MOTHER

21. PREPARED BY
Signature Justina D. Claudio
Name in Print JUSTINA D. CLAUDIO
Title or Position D.R. NURSE
Date AUGUST 1, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Agnes C. Denapo
Name in Print AGNES C. DENAPO
Title or Position CLERK-I
Date AUGUST 1, 1999

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 7919912

46 1

48 2 50 010899

56 22178

61 1

62 14 64 3450

66 1 69 1

70 04 72 04 74 00

76 390 79 31

81 22178

86 1 87 1 000267

93 1 08/23/90

94 1 45260

08/27/99

CSM