(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

(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.: 97-16122

For OCRG USE ONLY: Population Reference No.:

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME — (First) ABEYGAIL — (Middle) — (Last) VILLACORTA

2. SEX — ____ 1 Male ____ 2 Female — X

3. DATE OF BIRTH — (day) 29 (month) JUNE (year) 1997

4. PLACE OF BIRTH — (Name of Hospital/Clinic/Institution/House No., Street, Barangay) CEBU CITY MEDICAL CENTER — (City/Municipality) CEBU CITY — (Province) 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) — 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH — 2,93 grams

MOTHER

6. MAIDEN NAME — (First) ELLEN — (Middle) G/NOG — (Last) VILLACORTA

7. CITIZENSHIP — FILIPINO

8. RELIGION — ROMAN CATHOLIC

9a. 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 — NONE

11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) — DULJO SPOLARIUM ST. — (City/Municipality) CEBU CITY — (Province) CEBU

FATHER

13. NAME — (First) UNKNOWN — (Middle) — (Last)

14. CITIZENSHIP — N.A

15. RELIGION — N.A

16. OCCUPATION — N.A

17. Age at the time of this birth: N.A 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
X 1 Physician ____ 2 Nurse ____ 3 Midwife
____ 4 Hilot (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 2:46 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: JOVY ALBARANDO
Title or Position: M.D
Address: N.BACALSO AVENUE ST., CEBU CITY
Date: JUNE 29, 1997

20. INFORMANT
Signature: [signature]
Name in Print: ELLEN VILLACORTA
Relationship to the child: MOTHER
Address: DULJO SPOLARIUM ST., CEBU CITY
Date: JUNE 29, 1997

21. PREPARED BY
Signature: [signature]
Name in Print: MARIA NIMI A. CUI
Title or Position: BSN-RN
Date: JUNE 29, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: EVELYN A. ABADILLA
Title or Position: CLERK
Date: JUL 17 1997

41	9 7 1 6 1 2 2
48	1
49	2
50	2 9 0 6 9 7
56	2 2 1 7 8
61	1
62	0 1
64	2 9 3 0
68	1
69	1
70	0 1
72	0 1
74	0 0
76	2 2 0
79	2 2
81	2 2 1 7 8
86	
87	3488
88	
91	
93	2 NA 7/17/97
94	1

05632-02-400JSA-00862-BI001
BEST POSSIBLE IMAGE

T4000563240000862060320150O1
MJ100871423

BReN
02217-A97MV18-1

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority