



(Copy for OCRG)

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 CEBU Registration No. 0000-17973

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
MALIZA JOY CONDE HOYRIA

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
11 JULY 2000

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

5a. TYPE OF BIRTH 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) (first, second, third, etc.) SECOND **d. WEIGHT AT BIRTH**
3900 grams

6. MAIDEN NAME (First) (Middle) (Last)
HELEN FRANCISCO CONDE

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:** 0

10. OCCUPATION SECRETARY, LAW OFFICE **11. Age at the time of this birth:** 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
048-BULACAO, PARDO, CEBU CITY

13. NAME (First) (Middle) (Last)
WARREN SALAZAR BERNIA

14. CITIZENSHIP FILIPINO **15. RELIGION** _____

16. OCCUPATION SERVER FOOD & BEVERAGE **17. Age at the time of this birth:** 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JULY 20, 1997 - ST. JOSEPH CHURCH, TABUNOK, TALISAY, CEBU

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 8:03 PM o'clock am/pm on the date stated above.

Signature _____ Address B. RODRIGUEZ ST., CEBU CITY
 Name in Print ANGELITA P. BERNIA, M.D.
 Title or Position ATTENDING PHYSICIAN Date JULY 12, 2000

20. INFORMANT
 Signature _____ Address 048-BULACAO, PARDO, CEBU CITY
 Name in Print HELEN C. HOYRIA
 Relationship to the child MOTHER Date JULY 12, 2000

21. PREPARED BY Signature _____
 Name in Print MARY ALIENE T. CALDINO
 Title or Position MEDICAL RECORD CLERK Date JULY 12, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print ANGELITA P. BERNIA
 Title or Position SECRETARY Date JUL 14 2000

REMARKS/ANNOTATION

2117-800PB04-0

000074

07676-5G-400CMC-00876-BI001
 BEST POSSIBLE IMAGE

 140007676400087601062021001
 00300994096

BRaN
 02217-B00PB0G-9
 Documentary
 Stamp Tax Paid

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

