

(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, 6b and 19a.)

Province <u>Cebu</u>		Registry No. <u>20000293</u>	
City/Municipality <u>Toledo City</u>			
1. NAME (First) (Middle) (Last) <u>KEANNA FRENZY CARBALLO YPON</u>			
2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u>		3. DATE OF BIRTH (day) (month) (year) <u>29 September 2003</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Toledo City Hospital Toledo City Cebu</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> <u>1 Single</u> <input type="checkbox"/> <u>2 Twin</u> <input type="checkbox"/> <u>3 Triplet, etc.</u>		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> <u>1 First</u> <input type="checkbox"/> <u>2 Second</u> <input type="checkbox"/> <u>3 Others, Specify</u>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3232</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Elena Paquit Carballo</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>	
		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Cashier</u>		11. Age at the time of this birth: <u>25</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Magsaysay St., Toledo City Cebu</u>			
13. NAME (First) (Middle) (Last) <u>Dauson Yu Ypon</u>			
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>None</u>		17. Age at the time of this birth: <u>27</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 16, 2000, Toledo City</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> <u>1 Physician</u> <input checked="" type="checkbox"/> <u>2 Nurse</u> <input checked="" type="checkbox"/> <u>3 Midwife</u> <input type="checkbox"/> <u>4 Healer (Traditional Midwife)</u> <input type="checkbox"/> <u>5 Others (Specify)</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:10 AM</u> o'clock am/pm on the date stated above.			
Signature <u>Teonila C. Echavez</u> Name in Print <u>Teonila C. Echavez, MD.</u> Title or Position <u>Medical Officer V</u>		Address <u>Toledo City Hospital Toledo City</u> Date <u>September 29, 2003</u>	
Signature <u>Dauson Yu</u> Name in Print <u>Dauson Yu</u> Relationship to the child <u>father</u>		Address <u>Magsaysay St., Toledo City</u> Date <u>September 29, 2003</u>	
Signature <u>[Signature]</u> Name in Print <u>Midwife</u> Title or Position <u>Midwife</u> Date <u>September 29, 2003</u>		Signature <u>[Signature]</u> Name in Print <u>WILMA B. BALQUIN</u> Title or Position <u>Actg. Registration Officer</u> Date <u>10/16/03</u>	
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	

REMARKS/ANNOTATION

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

