



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 Negros Oriental Registry No. 49-167  
City/Municipality Dumaguete City

**1. NAME** (First) (Middle) (Last)  
NOELIUCHI YRANNE CANTIGA MEDIO

**2. SEX** X 1 Male X 2 Female **3. DATE OF BIRTH** (day) (month) (year)  
27 February 1999

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Holy Child Hospital, Dumaguete City, Neg. Or.

**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) **d. WEIGHT AT BIRTH**  
First (first, second, third, etc.) 2495 grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
CHERRY ANN ALMARAN CANTIGA

**7. CITIZENSHIP** Filipino **8. RELIGION** Roman Catholic

**9a. Total number of children born alive:** One (1) **b. No. of children still living including this birth:** One (1) **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)  
Canibal, Boia City, Neg. Or.

**13. NAME** (First) (Middle) (Last)  
NOEL CADIZ MEDIO

**14. CITIZENSHIP** Filipino **15. RELIGION** DCCP

**16. OCCUPATION** Employee **17. Age at the time of this birth:** 29 years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
Boia City October 18, 1992

**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 8:15 AM o'clock am/pm on the date stated above.

Signature Cesarino Uy Address Holy Child Hospital  
Name in Print CEZARINO S. UY, M.D. Dumaguete City  
Title or Position Obstetrician-gynecologist Date 8 March 1999

**20. INFORMANT**  
Signature Cherry Ann C. Medio Address Canibal, Boia City  
Name in Print CHERRY ANN C. MEDIO Neg. Or.  
Relationship to the child Mother Date 8 March 1999

**21. PREPARED BY** Signature Wylene P. Portugaleza  
Name in Print WYLENE P. PORTUGALEZA  
Title or Position Rec. Records Clerk  
Date 8 March 1999

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

**REMARKS/ANNOTATION**

For OCRG USE ONLY: Population Reference No.   

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41    42    43    44    45   

46    47    48    49    50   

51    52    53    54    55   

56    57    58    59    60   

61    62    63    64    65   

66    67    68    69    70   

71    72    73    74    75   

76    77    78    79    80   

81    82    83    84    85   

86    87    88    89    90   

91    92    93    94   

95    96    97    98    99   

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BEST POSSIBLE IMAGE



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BReN  
04610-A99DT01-0

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*CSM*

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

