(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

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.)

REMARKS/ANNOTATION

Province: CEBU
City/Municipality: CEBU CITY
Registry No.: 2000 33762

For OCRG USE ONLY:
Population Reference No.: 2219-P00W123-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 2

CHILD

1. NAME — (First) AL PATRICK — (Middle) CALACLAN — (Last) RAFAELA

2. SEX: XX 1 Male ____ 2 Female

3. DATE OF BIRTH (day) (month) (year): 29 NOVEMBER 2000

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

5a. TYPE OF BIRTH: XX 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: 3,790 grams

MOTHER

6. MAIDEN NAME — (First) MARIDEL — (Middle) DAGATAN — (Last) CALACLAN

7. CITIZENSHIP: FILIPINO

8. RELIGION: ROMAN CATHOLIC

9a. Total number of children born alive: Two

b. No. of children still living including this birth: Two

c. No. of children born alive but are now dead: None

10. OCCUPATION: NONE

11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) — (City/Municipality) — (Province): 33 ANDRES ABELIANA EXT. — CEBU CITY — CEBU

FATHER

13. NAME — (First) ARLO — (Middle) GABUCAN — (Last) RAFAELA

14. CITIZENSHIP: FILIPINO

15. RELIGION: ROMAN CATHOLIC

16. OCCUPATION: BUSINESSMAN

17. Age at the time of this birth: XX years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): SEPTEMBER 07, 1995, DAPITAN CITY

19a. ATTENDANT
XX 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 8:26 P.M. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: MA. MELINDA B. CHIONG, M.D.
Title or Position: Attending Physician
Address: c/o Chong Hua Hospital, Fuente Osmeña, Cebu City
Date: December 08, 2000

20. INFORMANT
Signature: [signature]
Name in Print: ARLO G. RAFAELA
Relationship to the child: FATHER
Address: 33 Andres Abeliana Ext., Cebu City, Cebu
Date: December 08, 2000

21. PREPARED BY
Signature: [signature]
Name in Print: BERNARDINA I. GERONA
Title or Position: CLERK
Date: December 08, 2000

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

2000

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