



(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 <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 18a.)				
Province <u>C E B U</u>		Registry No. <u>2000-1156</u>		227-800BJ10-8  20001115  18012000  22178  023500  020200  220 29  22178  1 1  362 28  1 1
City/Municipality <u>CEBU CITY</u>				
1. NAME (First) (Middle) (Last) <u>LYLA CHAIRSIN TINAPAT QUINTANA</u>		2. SEX <u>1</u> Male <u>X</u> 2 Female		
3. DATE OF BIRTH (day) (month) (year) <u>18 JANUARY 2000</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>ST. ANTHONY MOTHER &amp; CHILD HOSPITAL L. BASAL, SAN NICOLAS, CEBU CITY</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3500</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>DELYLA ESCOBAL TINAPAT</u>		7. CITIZENSHIP <u>FILIPINO</u>		
8. RELIGION <u>PROTESTANT</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>HOUSEWIFE</u>		11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>171-B CILBEPA PARADA, CEBU CITY</u>		13. NAME (First) (Middle) (Last) <u>REYNALD SY QUINTANA</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>PROTESTANT</u>		
16. OCCUPATION <u>DELIVERY BOY</u>		17. Age at the time of this birth: <u>28</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>MARCH 14, 1998 - SURAN EVANGELICAL FRES CHURCH</u> <u>SURAN PARDO, CEBU CITY</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:28 AM</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>ORLANDO M. OSORIO</u> Title or Position <u>MEDICAL OFFICER III</u>		Address <u>SAMBA BASAL, SAN NICOLAS, CEBU CITY</u> Date <u>JANUARY 18, 2000</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>REYNALD SY QUINTANA</u> Relationship to the child <u>FATHER</u>		Address <u>171-B CILBEPA PARADA, CEBU CITY</u> Date <u>JANUARY 18, 2000</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BARTOLO G. DELLAGA</u> Title or Position <u>CLERK</u> Date <u>JANUARY 21, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>JOEL N. DELA CERNA</u> Title or Position <u>CLERK</u> Date <u>JAN 26 2000</u>		

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*Carmelita N. ERICTA*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

