

(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.)

REMARKS/ANNOTATION

Province Cebu Registry No. 20021316
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Ma. Angela Sofia Montecillo Desyo

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
27 December 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
St. Vincent General Hospital-Cebu City

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)
Second (first, second third, etc.) d. WEIGHT AT BIRTH
2920 grams

6. MAIDEN NAME (First) (Middle) (Last)
Belen Maneva Montecillo

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

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
48E Lapay St., Punta Princesa, Labangon, Cebu City

13. NAME (First) (Middle) (Last)
John Roderick Loayen Desyo

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Self-employed 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
August 12, 1999- Sogod, Cebu

19a. ATTENDANT 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 8:30 a.m. o'clock am/pm on the date stated above.

Signature [Signature] Address o/o St. Vincent General Hospital-Cebu City
Name in Print Dr. Grace Uy
Title or Position Attending Physician Date December 27, 2001

20. INFORMANT
Signature [Signature] Address 48E Lapay St., Punta Princesa, Labangon, Cebu City
Name in Print John Roderick Desyo
Relationship to the child Father Date December 27, 2001

21. PREPARED BY
Signature [Signature]
Name in Print Embrilla Nagmaya
Title or Position Clerk
Date December 27, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print _____
Title or Position _____
Date JAN 9 2002

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE

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CDSM

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