



(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 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 <u>Cebu</u>		City/Municipality <u>Cebu city</u>		Registrar No. <u>20020 036</u>	
CHILD	1. NAME (First) (Middle) (Last) <u>IANZY FATE FLORES BAUTISTA</u>				
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>22 March 2003</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) House No., Street, Barangay <u>Visayas Community Medical Center, Cebu city Cebu</u>				
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>Second</u>		d. WEIGHT AT BIRTH <u>3515</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Yelda Palares Flores</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>Pharmacist</u>			11. Age at the time of this birth: <u>33</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>B7-120 P2B Villa Leyson, Bacayan, Cebu city</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>Rodney Nolas Bautista</u>				
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
	16. OCCUPATION <u>Engineer</u>			17. Age at the time of this birth: <u>31</u> years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 2, 1996 Tacloban City</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:23 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>ORCILLA P. INDOLOS, M.D.</u> Title or Position <u>Physician</u>		Address <u>c/o VGMD Cebu city</u> Date <u>April 4, 2003</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>RODRIGO B. BAUTISTA</u> Relationship to the child <u>Father</u>		Address <u>B7-120 P2B Villa Leyson, Bacayan, Cebu city</u> Date <u>April 4, 2003</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MADELYN P. JURACAS</u> Title or Position <u>Clerk</u> Date <u>April 4, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CLARE B. MOLD</u> Title or Position <u>Registration Officer IV</u> Date <u>2003 APR 10</u>			

07891-HD-400KCG-00500-B1001

BEST POSSIBLE IMAGE



T400078914000050008092021001

BP400275026

BRen
02217-B03FN09-7

Documentary
Stamp Tax Paid

CSM

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

