



Municipal Form No. 102 (Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE: Cebu LOCAL CIVIL REGISTRY NO. 86-1630
 CITY/MUNICIPALITY: Cebu City
 NAME: (First) MONALIZA (Middle) COMETA (Last) GANTUANGCO
 2. SEX (Place "x" on appropriate answer) 1 Male 2 Female
 3. DATE OF BIRTH (Day) 26 (Month) AUGUST (Year) 1986
 4. PLACE OF (Name of Hospital/Institution; if not in hospital, give street/barangay) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU
 5a. TYPE OF BIRTH (Place "x" on appropriate answer) Single Twin Three or more
 b. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Third, 4th, etc.
 6. MAIDEN NAME (First) LOIITA (Middle) FERNANDEZ (Last) COMETA 7. NATIONALITY Filipino 8. RELIGION Roman Catholic
 9. NAME (First) JESSELITO (Middle) SATO (Last) GANTUANGCO 10. NATIONALITY Filipino 11. RELIGION Roman Catholic
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) January 20, 1980, Cebu City, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:17 o'clock a.m./p.m. on the date stated above.

Signature: [Signature] Address: c/o Chong Hua Hospital
 Name in print: ETSA PENSERGA, M.D. Fuente Ameña, Cebu City
 Title or position: Attending Physician Date: August 30, 1986

14. INFORMANT:
 Signature: [Signature] Address: 129 Tres de Abril Street,
 Name in print: LOIITA COMETA GANTUANGCO Cebu City
 Relationship to child: MOTHER Date: August 28, 1986

15a. PREPARED BY
 Signature: [Signature] Address: _____
 Name in print: BERNARDINA I. GERONA _____
 Title or position: Clerk-Records Section _____
 Date: August 30, 1986 _____

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature: _____
 Name in print: _____
 Title or position: _____
 Date: _____

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
a. _____ b. DATE WHEN INFORMATION WAS SUPPLIED: _____

Noted by: [Signature] (Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the office of the Local Civil Registrar)

Local Civil Registry No. 8661630 Registrar's Status: 0800
 PROVINCE: Cebu CITY/MUNICIPALITY: Cebu City
 17. Weight of Birth (In grams) 2,900 2900 18. Birth Order of Child Ex. First, Second, etc. Third 03
 19a. Total Number of Children Born Alive two 02 22. b. How many children are now living including this birth? two 02 c. How many children were born alive but are now dead? 00 00
 20. Usual Occupation Housewife 270 21. Age at the time of this Birth 25 years old 25
 22. Usual Residence (Barangay) (City/Municipality) (Province) 129 Tres de Abril Street, Cebu City, Cebu 321-78
 23. Usual Occupation Seaman 9871 24. Age at the time of this Birth 32 years old 32
 25. Attendant of Birth (Place "x" on appropriate answer) 1. Physician 2. Nurse 3. Midwife 4. Midlet 5. Others 1

Sex: 2 Date of Birth: 260886 Place of Birth: 22748 Mother's Nationality: 1 Father's Nationality: 1

NAME OF CHILD: First MONALIZA M.I. C Last GANTUANGCO

RESERVE FOR BINDING