



(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.)

Province Cebu Registry No. 2004 39156
 City/Municipality Cebu City

CHILD

1. NAME (First) (Middle) (Last)
ESTECY RIA MAY OPORTO

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
14 December 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
Cebu Doctors' Hospital Cebu City Cebu

5a. TYPE OF BIRTH X 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) d. WEIGHT AT BIRTH 2,835 grams
 First (first, second, third, etc.)

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
Myris Juarez Oporto

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION Production Associate 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
P. Remedio St., Banilad, Mandaue City Cebu

FATHER

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N/A 15. RELIGION N/A

16. OCCUPATION N/A 17. Age at the time of this birth: N/A years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT APPLICABLE

19a. ATTENDANT X 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 11:33 pm o'clock am/pm on the date stated above.

Signature DEHLIA DOMOSOYO, M.D. Address Cebu Doctors' Hospital
 Name in Print Attending Physician Osmena Blvd., Cebu City
 Title or Position December 14, 2004
 Date

20. INFORMANT
 Signature Myris J. Oporto Address P. Remedio St. Banilad,
 Name in Print Myris J. Oporto Mandaue City, Cebu
 Relationship to the child Mother December 14, 2004
 Date

21. PREPARED BY
 Signature Erwin C. Mung
 Name in Print Erwin C. Mung
 Title or Position Medical records clerk
 Date December 14, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature Carla B. Moll
 Name in Print Carla B. Moll
 Title or Position Registration Officer IV
 Date December 14, 2004

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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03793-G8-400JAC-00767-BI001

BEST POSSIBLE IMAGE



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 B6000318874

BReN
 02217-B04ZE1D-5

Documentary
 Stamp Tax Paid

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