

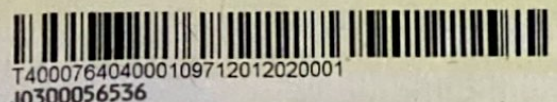


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Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)				
Province <u>Cebu</u>		Registry No. <u>2001 24603</u>		
City/Municipality <u>Cebu City</u>				
C H I L D	1. NAME (First) (Middle) (Last) <u>IRVIN</u> <u>TARANAG</u> <u>SARABOTRE</u>			
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>1</u> <u>SEPT.</u> <u>2001</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>ST. ANTHONY MOTHER & CHILD HOSPITAL, BARAK, SAN NICOLAS, CEBU CITY</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) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3500</u> grams	
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>MARLENE</u> <u>HIRAO</u> <u>TARANAG</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>HOUSEWIFE</u>			11. Age at the time of this birth: <u>34</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>OUR LADY DE ARMY & A. LORON ST. LARABON, CEBU CITY</u>				
F A T H E R	13. NAME (First) (Middle) (Last) <u>GASPAR</u> <u>TANTIADO</u> <u>SARABOTRE</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
	16. OCCUPATION <u>SALES MAN</u>			17. Age at the time of this birth: <u>35</u> years
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 8, 1997 - OUR LADY OF THE SACRED HEART PARISH CHURCH, N. B.C.</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Heil (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>7:22A.M.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u>		Address <u>SANIS - BARAK, SAN NICOLAS,</u>		
Name in Print <u>MARLENE B. HIRAO</u>		City <u>CEBU CITY</u>		
Title or Position <u>MEDICAL OFFICER III</u>		Date <u>SEPT. 01, 2001</u>		
20. INFORMANT				
Signature <u>[Signature]</u>		Address <u>OUR LADY DE ARMY & A. LORON</u>		
Name in Print <u>MARLENE SARABOTRE</u>		City <u>LARABON, CEBU CITY</u>		
Relationship to the child <u>MOTHER</u>		Date <u>SEPT. 01, 2001</u>		
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		
Signature <u>[Signature]</u>		Signature <u>LOUELLA M. JITU</u>		
Name in Print <u>CRISTINA B. BEANCO</u>		Name in Print <u>REGISTRATION OFFICER</u>		
Title or Position <u>CLERK</u>		Title or Position <u>SEP 13 2001</u>		
Date <u>SEPT. 01, 2001</u>		Date		

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

