NATIONAL STATISTICS OFFICE NSO

(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
City/Municipality: Cebu City

Registry No. 2002 21397

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) RICSHELLE (Middle) ANN (Last) CAÑETE

2. SEX ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) 5 (month) July (year) 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No. Street Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER, (City/Municipality) CEBU CITY, (Province) 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) 1ST (first, second, third, etc.)

d. WEIGHT AT BIRTH 2098 grams

MOTHER

6. MAIDEN NAME (First) ROSELYN (Middle) MORALES (Last) CAÑETE

7. CITIZENSHIP FILIPINO

8. RELIGION R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: ___

c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE

11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) SAM-ANG, (City/Municipality) TOLEDO CITY, (Province) CEBU

FATHER

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

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.)
N.A.

19a. ATTENDANT
XXX 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 2:40 A.M. o'clock am/pm on the date stated above.

Signature
Name in Print: LARAYA REYES, M.D.
Title of Position: MEDICAL OFFICER III
Address: VSMMC, CEBU CITY
Date: July 5, 2002

20. INFORMANT
Signature
Name in Print: ROSELYN M. CAÑETE
Relationship to the child: MOTHER
Address: Sam-ang, Toledo City
Date: July 5, 2002

21. PREPARED BY
Signature
Name in Print: TRISHA MANAGBANAG
Title or Position: Nurse I
Date: July 5, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print: PHILIPP A. MEGABON
Title or Position: REGISTRATION OFFICER II
Registration Officer II
Date: AUG 02 2002

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41 | 46 | 49 | 50 | 56 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 76 | 79 | 81 | 86 | 87 | 88 | 91 | 93 | 94

04638-57-400ADT-00515-BI001

BEST POSSIBLE IMAGE

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D0034656

BReN
02217-B02P505-6

Documentary
Stamp Tax Paid

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