



Municipal Form No. 102
(Revised January 1993)
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 Registry No. 9731262
City/Municipality Cebu

1. NAME (First) (Middle) (Last)
HANAH RUTH MINOZA
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
25 NOVEMBER 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay
CEBU CITY MEDICAL CENTER CEBU CITY CEBU
5a. TYPE OF BIRTH 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 2850 grams

6. MAIDEN NAME (First) (Middle) (Last)
ALMA BILOGUEA MINOZA
7. CITIZENSHIP PH. 8. RELIGION R.O.
9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0
10. OCCUPATION NONE 11. Age at the time of this birth: 28 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
30 RIZAL AVENUE EXT., MAMBALING CEBU CITY CEBU

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.)
N.A.

19a. ATTENDANT 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 10:10 o'clock am/pm on the date stated above.
Signature [Signature] Address N. BACALSO AVENUE
Name in Print ASTER R. KHOSRAVIRABADI CEBU CITY
Title or Position M.D. Date NOVEMBER 25, 1997

20. INFORMANT
Signature [Signature] Address 30 RIZAL AVENUE EXT., MAMBALING
Name in Print ALMA MINOZA LING, CEBU CITY
Relationship to the child MOTHER Date NOVEMBER 25, 1997

21. PREPARED BY
Signature [Signature] Name in Print JUSTINA D. CLAUDIO
Title or Position D.R. NURSE Date NOVEMBER 25, 1997
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature] Name in Print EVELYN A. ARABIAN
Title or Position CLERK Date DEC 21 1997

For OCRG USE ONLY:
Population Reference No.
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
41 9731262
48 1
49 2 50 251197
56 22175
61 1
62 97 64 3110
68 1 69 1
70 01 72 01 74 00
76 220 79 28
81 22178
86 + 87 +
88 + 91 ++
93 2 NA
94 1 12/21/97