



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

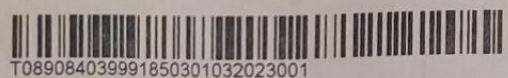
(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 10a.)

Province Cebu		City/Municipality Cebu City		2003 1550	
1. NAME (First) NA, JOLEISHA		(Middle) GUARDIANA		(Last) IGLORIA	
2. SEX <input checked="" type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 25 MAY 2003			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, House No., Street, Barangay) CRONG RDA HOSPITAL		(City/Municipality) Cebu		(Province)	
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 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others Specify			
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) FOURTH		WEIGHT AT BIRTH 2.90			
6. MAFDEN NAME (First) MIRAFLO		(Middle) TARDIAN		(Last) GUARDIANA	
7. CITIZENSHIP PHILIPPINE		RELIGION CATHOLIC			
9a. Total number of children born alive: FOUR		b. No. of children including this birth: FOUR			
10. OCCUPATION HOUSEWIFE		Age at last time of this birth: 52 years			
12. RESIDENCE (House No., Street, Barangay) UPPER TARDIAN		(City/Municipality) MANDAVE		(Province) CEBU	
13. NAME (First) BERNARDINA		(Middle) I. GERONA		(Last) MOYOTA	
14. CITIZENSHIP PHILIPPINE		RELIGION CATHOLIC			
16. OCCUPATION BUSINESSMAN		Age at last time of this birth: 44 years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the Birth) MAY 15, 1985 MANDAVE CITY CEBU					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilat (Traditional Midwife)		Color of Child's Skin White			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 5:47 P.M. o'clock am/pm on the date stated above.					
Signature <i>[Signature]</i>		Address 60 CRONG RDA HOSPITAL			
Name in Print MA. VIRGINIA S. ABADOS, D.		Name in Print HERNAN GENENA, CEBU CITY			
Title or Position ATTENDING PHYSICIAN		Date MAY 28, 2003			
20. INFORMANT Signature <i>[Signature]</i>		Address UPPER TARDIAN, MANDAVE			
Name in Print MIRAFLO R. IGLORIA		City CEBU			
Relationship to the child MOTHER		Date MAY 29, 2003			
21. PREPARED BY Signature <i>[Signature]</i>		Signature OSCAR B. MOLY			
Name in Print BERNARDINA I. GERONA		Name in Print Registration Officer IV			
Title or Position CLERK		Date 2003 JUN 10			

REMARKS/ANNOTATION	
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	2 25 05 2003
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	22 3 01
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BEST POSSIBLE IMAGE



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

