



(Copy for OCRG)

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 <small>Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.</small>					
Province <u>Cebu</u>		City/Municipality <u>Cebu City</u>		Postal Code <u>36019</u>	
CHILD	1. NAME (First) (Middle) (Last) <u>AQUILYN DAYAN AUSA ADLIT</u>			For-OCRG USE ONLY: Population Reference No. <u>02217-B00ZT04-1</u>	
	2. SEX 1 Male <input type="checkbox"/> 2 Female <input checked="" type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>27 December 2000</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>130 Marlon St. Cebu City Cebu</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>		b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify <input type="checkbox"/>		
	6. BIRTH ORDER (five births and fetal deaths including this delivery) <u>2nd (first, second, third, etc.)</u>		d. WEIGHT AT BIRTH <u>2721</u> grams		
MOTHER	8. MAIDEN NAME (First) (Middle) (Last) <u>M. ynnie Quijda AUSA</u>			41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/>	
	7. CITIZENSHIP <u>Fil.</u>		9. RELIGION <u>RC.</u>		
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>25</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Inglis Riverside V. Rd. Cebu City Cebu</u>			46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	
	13. NAME (First) (Middle) (Last) <u>L. ynnie AUSA ADLIT</u>			51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/>	
14. CITIZENSHIP <u>Fil.</u>		15. RELIGION <u>RC.</u>			
16. OCCUPATION <u>Merchandise</u>		17. Age at the time of this birth: <u>25</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 16, 1999 Guadalupe, Cebu City</u>					
19a. ATTENDANT 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 <input checked="" type="checkbox"/> Midwife (Traditional Midwife) 5 Others (Specify) <input type="checkbox"/>					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1005PM.</u> o'clock am/pm on the date stated above.					
Signature _____ Name in Print <u>Cecilia LEO</u> Title or Position <u>MD.</u>		Address <u>130 MARLON ST. Cebu City</u> Date <u>DECEMBER 27, 2000</u>			
20. INFORMANT Signature _____ Name in Print <u>Marynnie A. Adlit</u> Relationship to the child <u>Mother</u>		Address <u>Inglis Riverside V. Rd. Cebu City</u> Date <u>DECEMBER 27, 2000</u>			
21. PREPARED BY Signature _____ Name in Print <u>Cecilia LEO</u> Title or Position <u>MD.</u> Date <u>December 27, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>CLAIRE DENNIS S. MAPA</u> Title or Position <u>NATIONAL STATISTICIAN</u> Date <u>JAN 03 2001</u>			

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

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