



(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 (Fill out completely, accurately and legibly. Use ink or typewriter. Write before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>Cebu City</u>			Registry No. <u>20026336</u>		
City/Municipality _____			For OCRG USE ONLY: Population Reference No. _____		
1. NAME <u>DONNA</u> (First) <u>ANCERA</u> (Middle) <u>CODERA</u> (Last)			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
2. SEX <u>XXX</u> 1 Male 2 Female		3. DATE OF BIRTH <u>February 01, 2002</u>		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>VICENTE SOTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU</u>					
5a. TYPE OF BIRTH 1 Single <u>XXX</u> 2 Twin 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS 1 First <u>XXX</u> 2 Second 3 Others, Specify _____		48 <input type="checkbox"/>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>4th</u> (first, second, third, etc.)			d. WEIGHT AT BIRTH <u>2750</u> grams		
6. MAIDEN NAME <u>RONELYN</u> (First) <u>GOMEZ</u> (Middle) <u>ANCERA</u> (Last)			49 <input checked="" type="checkbox"/> 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. CITIZENSHIP <u>FILIPINO</u>			8. RELIGION <u>RC</u>		
9a. Total number of children born alive: _____		b. No. of children still living including this birth: _____		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>22</u> years		
12. RESIDENCE (House No. Street, Barangay) (City/Municipality) (Province) <u>CANDUMAN, MANDAUE CITY, CEBU</u>			56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13. NAME (First) <u>DANTE</u> (Middle) <u>GESTA</u> (Last) <u>CODERA</u>		62 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14. CITIZENSHIP <u>FIL</u>		15. RELIGION <u>RC</u>			
16. OCCUPATION <u>NEWSBOY</u>		17. Age at the time of this birth: <u>24</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 26, 1999 - BOGO, CEBU</u>					
19a. ATTENDANT <u>XXX</u> 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 <u>1:54 AM</u> o'clock am/pm on the date stated above. Address <u>VSMC, CEBU CITY</u> Signature <u>DONNABEL TUBIO</u> M.D. Date <u>February 01, 2002</u> Name in Print <u>MEDICAL OFFICER - III</u> Title or Position _____					
20. INFORMANT Address <u>CANDUMAN, MANDAUE CITY, CEBU</u> Signature <u>Ronelyn A. Codera</u> Name in Print <u>MOTHER</u> Date <u>February 01, 2002</u> Relationship to the child _____					
21. PREPARED BY Signature <u>EMMYLOU HERBOSA</u> Name in Print <u>NURSE I</u> Date <u>February 01, 2002</u> Title or Position _____			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LOUELLA N. DEJITO</u> Name in Print <u>REGISTRATION OFFICER I</u> Date <u>MAR 01 2002</u> Title or Position _____		
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CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

