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Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTS.

PHILIPPINE STATISTICS AUTHORITY

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.)

Province: Cebu
City/Municipality: Cebu City
Registry No. 95-33265

CHILD

1. NAME (First): PRINCESS RIREL (Middle): (Last): ABE

2. SEX: ___ 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 30 December 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Cebu Puer.Center & Maternity House,Inc., Cebu City, 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) (first, second, third, etc.): second

d. WEIGHT AT BIRTH: 3460 grams

MOTHER

6. MAIDEN NAME (First): ELIZABETH (Middle): NAIRE (Last): ABE

7. CITIZENSHIP: Fil.

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

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

10. OCCUPATION: none

11. Age at the time of this birth: 39 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Bulacao Talisay Cebu

FATHER

13. NAME (First): unknown (Middle): (Last):

14. CITIZENSHIP: NA

15. RELIGION: NA

16. OCCUPATION: NA

17. Age at the time of this birth: NA years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT APPLICABLE

19a. ATTENDANT: x 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 6:18 o'clock am/pm on the date stated above.

Signature:
Name in Print: MARY GRACE NIDO,M.D.
Title or Position: physician
Address: Cebu Puer.Center & Maternity House,Inc., CebuCity
Date: December 30, 1995

20. INFORMANT
Signature: ELIZABETH ABE
Name in Print:
Relationship to the child: mother
Address: Bulacao,Talisay Cebu
Date: December 30, 1995

21. PREPARED BY
Signature:
Name in Print: MARIANILLA C.HERNANDEZ
Title or Position: clerk
Date: December 30, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: ANA A. NUNEZ
Title or Position: CLERK IC
Date: DATE RCD JAN 2 3 1996

FOR DEPARTMENT OF H.D. Registry Number/s
TO BE FILLED IN AT THE PHILIPPINE CIVIL REGISTRY OFFICE
42 0 5 3 3 7 9 5
43
44 2 30 12 95
45 2 2 1 7 1
46 1
47 0 2 3 1 4 0
48 1 49 1
50 0 2 51 0 7 52 4 2
53 2 2 0 54 3 4
55 2 2 4 1 1
56 1 57 1
58 1 1 1 59 1 1
60 2
61 0330
62 1

06320-02-400NTD-01147-BI001

BEST POSSIBLE IMAGE

BReN
02217-A95ZW0W-6

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.