



Official Form No. 102  
Revised January 1993  
(To be accomplished in quadruplicate)

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, 3a, 3b and 15a.)

(Copy for OCRG)

REMARKS/ANNOTATION

Province Cebu  
City/Municipality Cebu City Registry No. 98 29264

1. NAME (First) (Middle) (Last)  
Edriane Josiah Manit Enriquez

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
26 October 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Sacred Heart Hospital Urgello St., 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) (first, second, third, etc.) 2nd  
d. WEIGHT AT BIRTH 2727 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Eden Manit Enriquez

7. CITIZENSHIP Philippine 8. RELIGION Roman (LDA)

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 Housewife 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
B5 Brojan Bldg. V. Gullas Cor. Lapu-Lapu St., Cebu City

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 8:10 P.M. o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address O Sacred Heart Hospital Urgello St., Cebu City  
Name in Print WILYD JUSTINIANO, M.D.  
Title or Position Attending Physician Date October 26, 1998

20. INFORMANT  
Signature [Signature] Address B5 Brojan Bldg. Gullas Lapu-Lapu St., Cebu City  
Name in Print EDEN M. ENRIQUEZ  
Relationship to the child Mother Date October 26, 1998

21. PREPARED BY  
Signature [Signature]  
Name in Print MRS. PAMELA A. DACLAN, R.N.  
Title or Position Charge Nurse  
Date October 26, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print LORELLAN DE JY  
Title or Position REGISTRATION OFFICER 2  
Date NOV 17 1998

For OCRG USE ONLY  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9 8 2 7 2 4

48 1

49 50 1 26 10 9 0

56 2 2 1 7 8

61 1

67 68 6 2 7 2 7

69 70 1 0

71 72 74 0 2 0 2 0 0

75 76 2 2 0 3 1

77 78 2 2 1 7 8

79 80 + +

81 + + + +

82 + + + +

83 + + + +

84 + + + +

85 + + + +

86 + + + +

87 + + + +

88 + + + +

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91 + + + +

92 + + + +

93 + + + +

04185-EF-400JTC-00646-BI001

BEST POSSIBLE IMAGE



T400041854000064606172011001

CH200030851

BRen  
02217-A98US18-8

Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

