



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 1, 2a, 2b and 19a.)

Province <u>Cebu</u>		Registry No. <u>2005 22976</u>		REMARKS/ANNOTATION	
City/Municipality <u>Cebu City</u>					
1. NAME (First) (Middle) (Last) <u>Nisha Keyht</u> <u>Junney</u> <u>Dayan</u>		For OCRG USE ONLY: Population Reference No.			
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>25</u> <u>July</u> <u>2005</u>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>St. Vincent General Hospital, Cebu City</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>second</u>		d. WEIGHT AT BIRTH <u>2722</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>Annabel</u> <u>Isataga</u> <u>Junney</u>		7. CITIZENSHIP <u>Pilipino</u>			41
8. RELIGION <u>Catholic</u>		9a. Total number of children born alive: <u>2</u>			48
9b. No. of children still living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>0</u>			49 50
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>30</u> years		56	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		13. NAME (First) (Middle) (Last) <u>San Roque Ramos, Quieta, Parde, Cebu City</u>		61	
14. CITIZENSHIP <u>Pilipino</u>		15. RELIGION <u>Catholic</u>		62 64	
16. OCCUPATION <u>Welder</u>		17. Age at the time of this birth: <u>29</u> years		68 69	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 5, 2003 - MFC Branch 3-Palace of Justice, Cebu City</u>		19a. ATTENDANT <u>X</u> 1 Physician <u>4</u> Midwife (Traditional Midwife) <u>5</u> Others (Specify)		70 72 74	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:19 a.m.</u> o'clock <u>am/pm</u> on the date stated above.		Signature _____ Address <u>D/o St. Vincent General Hospital, Cebu City</u> Name in Print <u>Dr. Ivy Flor O. Laguarda</u> Title or Position <u>Attending Physician</u> Date <u>July 25, 2005</u>		75 79	
20. INFORMANT Signature _____ Address <u>San Roque Ramos, Quieta, Parde, Cebu City</u> Name in Print <u>Celedonio Espana Jr.</u> Relationship to the child <u>Father</u> Date <u>July 25, 2005</u>		21. PREPARED BY Signature _____ Name in Print <u>Estrella Magosya</u> Title or Position <u>Clerk</u> Date <u>July 25, 2005</u>		81	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>Oscar B. Hale</u> Title or Position <u>Registration Officer IV</u> Date _____				86 87	

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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

