



Municipal 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 275

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		Registry No. <u>28988</u>	REMARKS/ANNOTATION
City/Municipality <u>Cebu City</u>			
1. NAME (First) (Middle) (Last) <u>Roly Tondag Noquillo</u>		For OCRG USE ONLY: Population Reference No.	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>27 October 1998</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>382-C Padilla St., Cebu City Cebu</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.			
b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		41	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>		42	
d. WEIGHT AT BIRTH <u>2.100</u> grams		43	
6. MAIDEN NAME (First) (Middle) (Last) <u>Mincy Tondag Noquillo</u>		44	
7. CITIZENSHIP <u>Filipino</u>		45	
8. RELIGION <u>R. C.</u>		46	
9a. Total number of children born alive: <u>2</u>		47	
b. No. of children still living including this birth: <u>2</u>		48	
c. No. of children born alive but are now dead: <u>None</u>		49	
10. OCCUPATION <u>None</u>		50	
11. Age at the time of this birth: <u>23</u> years		51	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>382 C. Padilla St., Cebu City Cebu</u>		52	
13. NAME (First) (Middle) (Last) <u>UNKNOWN</u>		53	
14. CITIZENSHIP <u>N/A</u>		54	
15. RELIGION <u>N/A</u>		55	
16. OCCUPATION <u>N/A</u>		56	
17. Age at the time of this birth: _____ years		57	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>		58	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		59	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above. <u>7:30 PM</u>		60	
Signature <u>Joy Sanchez</u> Address <u>24-B Spoliarium St. Cebu City</u>		61	
Title or Position <u>Trained Hilot</u> Date <u>Oct. 27, 1998</u>		62	
20. INFORMANT Signature <u>Mincy Noquillo</u> Address <u>382-C Padilla St. Cebu City</u>		63	
Name in Print <u>Mincy Noquillo</u> Date <u>Oct. 27, 1998</u>		64	
Relationship to Child _____		65	
21. PREPARED BY Signature <u>Joy Sanchez</u> Address _____		66	
Name in Print <u>Joy Sanchez</u> Date _____		67	
Title or Position <u>Trained Hilot</u>		68	
Date <u>Oct. 27, 1998</u>		69	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Address _____		70	
Name in Print <u>SOVELLAN DE JH</u> Date _____		71	
Title or Position <u>REGISTRATION OFFICER II</u>		72	
Date <u>11/13/98</u>		73	

Republika ng Pilipinas

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

