



Standard Form No. 102
Revised January 1995

(To be accomplished in quadruplicate)

(Copy for OCR)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

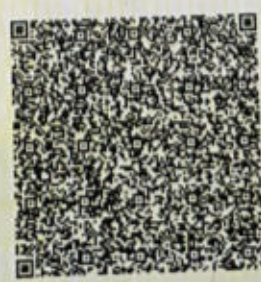
(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>CEBU</u>		Registry No. <u>2004 15418</u>	REMARKS/ANNOTATION
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>CRIS DANIELLE RELLIN HERNANDO</u>			
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. DATE OF BIRTH (day) (month) (year) <u>21 MAY 2004</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>PERPETUAL SUCOUR HOSPITAL CEBU CITY CEBU</u>			
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	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (First, second, third, etc.) <u>SECOND</u>		d. WEIGHT AT BIRTH <u>3375</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>ELMA DUMAS RELLIN</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>CATHOLIC</u>	
9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>MIDWIFE</u>		11. Age at the time of this birth: <u>27</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>PHASE 2 BLK7 LOT33 CAMELLA HOMES LAWAN TALISAY CIT</u>			
13. NAME (First) (Middle) (Last) <u>ROLAN TRUCAS HERNANDO</u>			
14. CITIZENSHIP <u>FILIPINO</u>		RELIGION <u>CATHOLIC</u>	
16. OCCUPATION <u>SEAMAN</u>		17. Age at the time of this birth: <u>32</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, Accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MARCH 26, 2001 CEBU CITY</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (Traditional/Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:12 am</u> o'clock am/pm on the date stated above.			
Signature _____ Name in Print <u>REGINA C. PEREZ</u> Title of Position <u>ATTENDING PHYSICIAN</u>		Address <u>BPC-MEDICAL SPECIALT CENTER, CEBU CITY</u> Date <u>MAY 22, 2004</u>	
20. INFORMANT Signature _____ Name in Print <u>ELMA R. HERNANDO</u> Relationship to the Birth <u>MOTHER</u>		Address <u>PHASE 2 BLK7 LOT33 CA LAWAN TALISAY CITY</u> Date <u>MAY 22, 2004</u>	
21. PREPARED BY Signature _____ Name in Print <u>NELISA A. LITOSADA</u> Title of Position <u>MEDICAL RECORD CLERK</u> Date <u>MAY 22, 2004</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ASTA EVANGELINE T. ORTEGA</u> Title of Position <u>CHIEF CIVIL REGISTRAR</u> Date _____	

2004 MAY 28

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

