



Form No. 102
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 2, 5a, 5b and 10a.)

Province <u>Cebu</u>		Registry No. <u>97-28143</u>
City/Municipality <u>Cebu City</u>		
1. NAME (First) (Middle) (Last) <u>FELIXI FRANCIS DITCHE</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>28 Oct. 1997</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Cebu Doctors' 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 Other, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st.</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2863</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>Famela Bacus Ditché</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>
9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>Industrial Engr.</u>		11. Age at the time of this birth: <u>29</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		
13. NAME (First) (Middle) (Last) <u>Felix Mataguina Bataluna, Jr.</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>
16. OCCUPATION <u>Civil Engr.</u>		17. Age at the time of this birth: <u>30</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not Married</u>		
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) _____		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:29</u> a.m. o'clock am/pm on the date stated above.		
Signature <u>[Signature]</u> Name in Print <u>MA. VICTORIA LABADO, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>Cebu Doctors' Hospital Osmeña Blvd., Cebu</u> Date <u>Oct. 28, 1997</u>
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>FAMELA DITCHE</u> Relationship to the child <u>Mother</u>		Address <u>204-Tres de Abril St. Osmeña Drive, Labangon Cebu City</u> Date <u>Oct. 28, 1997</u>
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Dev D. Ministerio</u> Title or Position <u>Medical records clerk</u> Date <u>Oct. 28, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EVELYN A. ROADILLA</u> Title or Position <u>CLERK</u> Date <u>NOV 03 1997</u>

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	<u>9728143</u>
48	<u>1</u>
49	<u>1</u>
50	<u>281097</u>
56	<u>22178</u>
61	<u>1</u>
62	<u>01</u>
64	<u>2563</u>
68	<u>1</u>
69	<u>1</u>
70	<u>01</u>
72	<u>03</u>
74	<u>28</u>
76	<u>027</u>
79	<u>29</u>
81	<u>99999</u>
86	<u>1</u>
87	<u>1</u>
88	<u>022</u>
91	<u>30</u>
93	<u>2</u> NA <u>11/03/97</u>
94	<u>1</u>

09033-7A-999MBM-04110-BI001

BEST POSSIBLE IMAGE



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ZR60044769

BReN

02217-A97UU01-2

Documentary
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CSM

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

