



Municipal Form No. 102
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, 5a, 6c and 13a.)

Province Cebu 2002 No. 27615
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
TRISHA KRISTELLE ERQA NUÑEZ

2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (Day) (month) (year)
25 September 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Cebu Doctors' Hospital Cebu City Cebu

5a. TYPE OF BIRTH X 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 (first, second, third, etc.) d. WEIGHT AT BIRTH
2,892 grams

6. MAIDEN NAME (First) (Middle) (Last)
Madelya Moncada Erqa

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION Housewife 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
30 B Tomas Abella St. San Nicolas Cebu City Cebu

13. NAME (First) (Middle) (Last)
Criscelio Siu Nunez

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION None of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 23, 2002 St. Joseph The Parish, Marikina, Cebu City

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 Midwife (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 8:06 AM o'clock am/pm on the date stated above.

Signature [Signature] Address Cebu Doctors' Hospital
Name in Print NORA RIVERA CALAMBA, M.D. Osmeña Blvd., Cebu City
Title or Position Attending Physician Date September 25, 2002

20. INFORMANT
Signature [Signature] Address 30 B Tomas Abella St.
Name in Print CRISCELIO S. NUÑEZ San Nicolas, Cebu City, Cebu
Relationship to the child Father Date September 25, 2002

21. PREPARED BY
Signature [Signature]
Name in Print WINNIE C. NUÑEZ
Title or Position Medical records clerk
Date September 25, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ESCARB MOLO
Title or Position Assistant Registrar
Date September 25, 2002

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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49 50

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61

62 64

68 69

70 72 74

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85 87

88 91

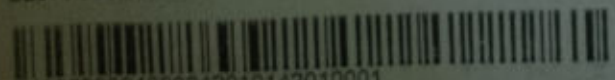
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BEST POSSIBLE IMAGE



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[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office

