



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

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

Province CEBU Registry No. 2001 32299
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
GWYNETH PETALCORIN ALEJANDRO

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)
18 NOVEMBER 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU PUER. CENTER & MAT. HOUSE INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH 5b. IF MULTIPLE BIRTH, CHILD WAS
1 Single 2 Twin 3 Triplet, etc.
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
32299 (first, second, third, etc.) 2.850 grams

6. MAIDEN NAME (First) (Middle) (Last)
ERLINDA ESTOY PETALCORIN

7. CITIZENSHIP 8. RELIGION
FILIPINO ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION 11. Age at the time of this birth:
OFFICE CLERK 33 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1000 D.M.J. CUENCO AVE., LOWER CARRETA, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
RITCHIELL HORTELANO ALEJANDRO

14. CITIZENSHIP 15. RELIGION
FILIPINO ROMAN CATHOLIC

16. OCCUPATION 17. Age at the time of this birth:
MAINTENANCE 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JULY 8, 1999 ORMOG CITY

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
 4 Hilot (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 5:35 P.M. o'clock am/pm on the date stated above.

Signature _____
Name in Print _____
Title or Position HUMILDAD IGANA M.D.
CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY
NOVEMBER 18, 2001

20. INFORMANT
Signature _____
Name in Print ERLINDA ALEJANDRO
Relationship to the child MOTHER
1000 D.M.J. CUENCO AVE.,
LOWER CARRETA, CEBU CITY
NOVEMBER 18, 2001

21. PREPARED BY
Signature _____
Name in Print JOCELYN B. ITONG
Title or Position CLERK
Date NOVEMBER 18, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print LOUELLA N. DE JAY
Title or Position REGISTRATION OFFICER
Date NOV 23 2001

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

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49 50

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61

62 64

66 69

70 72 74

76 79

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86 87

88 91

93

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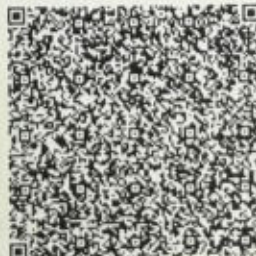
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BEST POSSIBLE IMAGE



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CSM

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

