



Municipal Form No. 102  
(Revised January 1993)

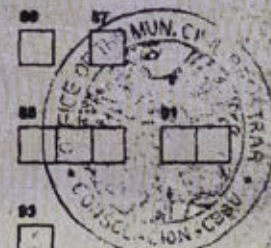
(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province <u>CEBU</u>		Registry No. <u>2001-1455</u>	
City/Municipality <u>CONSOLACION</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>MARY AN</u> <u>CARO</u>	For OCRG USE ONLY: Population Reference No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
	2. SEX <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>08</u> August <u>2001</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>DRA. VERONICA N. ALVIO'S LIVING-IN CLINIC, CONSOLACION, CEBU</u>		
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second third, etc.)	d. WEIGHT AT BIRTH <u>2,400</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>MARY GRACE</u> <u>BITOON</u> <u>CARO</u>		
7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>H.W.</u>	11. Age at the time of this birth: <u>19</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CANDUMAN, MANDAYE CITY</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>N.A.</u>		
	14. CITIZENSHIP <u>N.A.</u>	15. RELIGION <u>N.A.</u>	
	16. OCCUPATION <u>N.A.</u>	17. Age at the time of this birth: _____ years	
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>			
19a. ATTENDANT <u>1</u> Physician <u>X</u> <u>2</u> Nurse _____ <u>3</u> Midwife _____ <u>4</u> Hilot (Traditional Midwife) _____ <u>5</u> Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:30 P.M.</u> o'clock am/pm on the date stated above.			
Signature <u>EVELYN PEPITO</u> Name in Print <u>Nurse</u> Title or Position _____		Address <u>LANIPGA, CONSOLACION, CEBU</u> Date <u>August 20, 2001</u>	
20. INFORMANT Signature <u>EVELYN PEPITO</u> Name in Print <u>Nurse</u> Relationship to the child _____ Address <u>LANIPGA, CONSOLACION, CEBU</u> Date <u>August 20, 2001</u>			
21. PREPARED BY Signature _____ Name in Print <u>CECILIA R. RONDINA</u> Title or Position <u>Nursing Attendant</u> Date <u>August 20, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>BIENVENIDO N. DE LEON</u> Title or Position <u>Local Civil Registrar</u> Date _____	



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

