


 Standard Form No. 102  
 (Revised January 1992)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

 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, 14, 16 and 19a.)
Province CEBUCity/Municipality CEBU CITYRegistry No. 98 24498
 1. NAME (First) (Middle) (Last)  
SISTINE ROSE MINGUITO
2. SEX 1 Male X 2 Female3. DATE OF BIRTH (day) (month) (year)  
11 SEPTEMBER 1998
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
CEBU CITY MEDICAL CENTER, 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)  
1ST (first, second, third, etc.)d. WEIGHT AT BIRTH  
2130 grams6. MAIDEN NAME (First) (Middle) (Last)  
ROSELYN INFERITO MINGUITO
 7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

 9a. Total number of children born alive: 1 b. No. of children still being including this birth: 1 c. No. of children born alive but are now dead: 0

 10. OCCUPATION NONE 11. Age at the time of this birth: 26 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
296 GONZALES CMD., GORDON AVE., CEBU CITY, CEBU13. NAME (First) (Middle) (Last)  
UNKNOWN14. CITIZENSHIP N.A. 15. RELIGION N.A.16. OCCUPATION N.A. 17. Age at the time of this birth: N.A.

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT

 1 Physician  2 Nurse  3 Midwife  
 4 Healer (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 4:52 o'clock a/m/p on the date stated above.)

 Signature: [Signature] Address: N. BACALSO AVENUE, CEBU CITY  
 Name in Print: LEVINIA R. MAGLONTE Date: SEPTEMBER 11, 1998  
 Title or Position: M.D.

20. INFORMANT

 Signature: [Signature] Address: 296 GONZALES CMD., GORDON AVE., CEBU CITY  
 Name in Print: ROSELYN MINGUITO Date: SEPTEMBER 11, 1998  
 Relationship to the child: MOTHER

21. PREPARED BY

 Signature: [Signature]  
 Name in Print: LEVINIA R. MAGLONTE  
 Title or Position: R.N.  
 Date: SEPTEMBER 11, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

 Signature: [Signature]  
 Name in Print: LORELIAN DEL ROSARIO  
 Title or Position: REGISTRAR GENERAL (OFFICER)  
 Date: OCT 05 1998
For OCRG USE ONLY  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

42

43

44

45

46

47

48

49

50

51

52

53

54