



Municipal Form No. 102 (Revised January 1983) (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, 3a, 10 and 13a.)

Province Cebu Registration No. 20336
City/Municipality Cebu City

C H I L D	1. NAME (First Middle Last) <u>FLORENCE ADELITO APANA</u>	
	2. SEX <u>1</u> Male <u>X</u> Female	3. DATE OF BIRTH (Day) (Month) (Year) <u>5</u> <u>JULY</u> <u>2001</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>	
	5a. TYPE OF BIRTH <u>X</u> 1 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> Other, Specify
M O T H E R	6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1ST</u>	
	d. WEIGHT AT BIRTH <u>2760</u> grams	
	7. CITIZENSHIP <u>1</u> Filipino <u>2</u> Citizen <u>3</u> Alien	
	8. RELIGION <u>R, C, O</u>	
F A T H E R	9a. Total number of children born alive: <u>1</u>	b. No. of children still being including this birth: <u>1</u>
	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>NONE</u>	
	11. Age at the time of this birth: <u>23</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>GREEN HILLS DRIVE, GREEN PARK, CEBU CITY CEBU</u>		
13. NAME (First Middle Last) <u>FLORENCE ADELITO APANA</u>		14. CITIZENSHIP <u>1</u> Filipino <u>2</u> Citizen <u>3</u> Alien
15. OCCUPATION <u>NONE</u>		17. Age at the time of this birth: <u>22</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 21, 2001 170 BRANDE I CEBU CITY CEBU

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional Healer) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:00 P. M. on 5 JULY 2001 at CEBU CITY.

Signature MERLENE B. SOLANA Address 6, BACALAN AVENUE
Name in Print MERLENE B. SOLANA City/Municipality CEBU CITY
Title or Position M. D. Date JULY 5, 2001

20. INFORMANT
Signature FLORENCE ADELITO APANA Address GREEN HILLS DRIVE
Name in Print FLORENCE ADELITO APANA City/Municipality CEBU CITY
Relationship to the child MOTHER Date JULY 5, 2001

21. PREPARED BY
Signature CRISTINA D. CLAUDIO
Name in Print CRISTINA D. CLAUDIO
Title or Position NURSE
Date JULY 5, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature LOUILLA M. DE JATO
Name in Print LOUILLA M. DE JATO
Title or Position REGISTERED NURSE
Date JULY 5, 2001

FOR CROSS INDEXING (Population Substitution No.)

TO BE FILLED IN BY THE OFFICE OF THE CIVIL REGISTRAR

41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	00

000015

08668-FE-400LRR-00640-B1001
BEST POSSIBLE IMAGE

T002086684000064009252023001



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

