NATIONAL STATISTICS OFFICE

(Copy for OCRG)

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 18a.)

Province: Cebu
City/Municipality: Badian

Registry No. 2002-151

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): DENCEL FAITH (Middle): AMANDORON (Last): SARONINES

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): 26 February 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): Badian District Hospital (City/Municipality): Badian (Province): 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 total deaths including this delivery): First (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2,700 grams

MOTHER

6. MAIDEN NAME (First): CECILIA (Middle): VILLACORTA (Last): AMANDORON

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housewife

11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay): Ilaya (City/Municipality): Dumanjug (Province): Cebu

FATHER

13. NAME (First): BADEN (Middle): TABABAG (Last): SARONINES

14. CITIZENSHIP: Filipino

15. RELIGION: Roman Catholic

16. OCCUPATION: None

17. Age at the time of this birth: 27 years

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

December 16, 2001 at Office of the Mun. Mayor, Badian, Cebu

19a. ATTENDANT: X 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 2:54 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: IMELDA C. PEQUE, M.D.
Title or Position: Medical Officer IV
Address: Pob. West, Moalboal, Cebu
Date: February 27, 2002

20. INFORMANT

Signature: [signature]
Name in Print: CECILIA A. SARONINES
Relationship to the child: Mother
Address: Ilaya, Dumanjug, Cebu
Date: February 27, 2002

21. PREPARED BY

Signature: [signature]
Name in Print: VILMA B. TAMILAR
Title or Position: Nursing Attendant I
Date: February 27, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: NEQUATA B. SABANIL
Title or Position: Mun. Civil Registrar
Date: Feb. 28, 2002

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BEST POSSIBLE IMAGE

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office