



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(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, 5a, 5b and 19a.)					
Province <u>CEBU</u> City/Municipality <u>ARGAO</u>			Registry No. <u>781-1705</u>		
1. NAME (First) <u>FREYA MAE</u> (Middle) <u>GUBATON</u> (Last) <u>REMOLINO</u>		2. SEX <u>X</u> 1 Male <u>2</u> Female		3. DATE OF BIRTH (day) <u>27</u> (month) <u>NOVEMBER</u> (year) <u>2001</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>JAMPANG, ARGAO, CEBU</u>		For OCRG USE ONLY: Population Reference No.			
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
6. MAIDEN NAME (First) <u>MARILOU</u> (Middle) <u>AGUIRRE</u> (Last) <u>GUBATON</u>		7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>EVANGELICAL FREE CHURCH</u>	
9a. Total number of children born alive: <u>2</u>		9b. No. of children still living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>00</u>	
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>33</u> years		61	
12. RESIDENCE (House No., Street, Barangay) <u>JAMPANG, ARGAO, CEBU</u>		62			
13. NAME (First) <u>PRIMO</u> (Middle) <u>COMALING</u> (Last) <u>REMOLINO</u>		63			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>EVANGELICAL</u>			
16. OCCUPATION <u>MOTOR DRIVER</u>		17. Age at the time of this birth: <u>34</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 11, 1992 EVANGELICAL FREE CHURCH</u>					
19a. ATTENDANT ___ 1 Physician ___ 2 Nurse <u>X</u> 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 <u>2:30 pm</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>MYRLA S. LLESOL</u> Title or Position <u>DECEMBER 3, 2001</u>		Address <u>ARGAO, CEBU</u> Date <u>DECEMBER 3, 2001</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MARILOU REMOLINO</u> Relationship to the child <u>MOTHER</u> Address <u>JAMPANG, ARGAO</u> Date <u>DECEMBER 3, 2001</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MYRLA S. LLESOL</u> Title or Position <u>RURAL HEALTH MIDWIFE</u> Date <u>DECEMBER 3, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ELIEZER E. SARMAG</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>12/3/01</u>			
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

