



(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 <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)</small>				
Province <u>Cebu</u>		Registration No. <u>20050516</u>		
City/Municipality <u>Cebu City</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>Miles Rene Maboles Oling</u>			For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 _____ 48 _____ 49 50 _____ 56 _____ 61 _____ 62 64 _____ 68 69 _____ 70 72 74 _____ 76 79 _____ 86 87 _____ 88 91 _____ 93 _____ 94 _____
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15 December 2004</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Glory Reborn Organization 77-C Cabreros St. Basak, Cebu City, Cebu</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3515</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Rema Vigo Maboles</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Iglesia Ni Cristo</u>	
	9a. Total number of children born alive: <u>02</u>	b. No. of children still living including this birth: <u>02</u>	c. No. of children born alive but are now dead: <u>00</u>	
	10. OCCUPATION <u>Distributor</u>		11. Age at the time of this birth: <u>33</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Laguna Basak, Pardo Cebu City Cebu</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>Melecio Sectot Oling Jr.</u>			
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Iglesia Ni Cristo</u>	
	16. OCCUPATION <u>Production Associate</u>		17. Age at the time of this birth: <u>30</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 28, 1997 - Mangagoy, Bislig, Surigao Del Sur</u>				
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:03 P.M.</u> o'clock am/pm on the date stated above.				
Signature <u>Maria Theresa Pilapil</u> Name in Print <u>Maria Theresa Pilapil</u> Title or Position <u>Reg. Nurse</u>		Address <u>77-C Cabreros St. Basak, Cebu City, Cebu</u> Date <u>15 December 2004</u>		
20. INFORMANT Signature <u>Rema Oling</u> Name in Print <u>Rema Oling</u> Relationship to the child <u>Mother</u> Address <u>Laguna Basak, Pardo, Cebu City, Cebu</u> Date <u>15 December 2004</u>				
21. PREPARED BY Signature <u>David Overton</u> Name in Print <u>David Overton</u> Title or Position <u>Vice President</u> Date <u>15 December 2004</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Oscar B. Molo</u> Name in Print <u>Oscar B. Molo</u> Title or Position <u>Registration Officer IV</u> Date <u>2005 JAN 08</u>		

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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

