(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 19a.)

Province _____ City/Municipality CEBU

Registry No. 99 17289

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9 9 1 7 2 8 9

48 1

49 2 50 1 3 0 7 9 9

56 2 1 1 7 8

61 1

62 3 1 32 27

66 1 69 1

70 01 72 01 74 13

78 320 79 12

81 2 1 1 7 8

86 1 87 1 3476 000399

88 290 91 21

93 2 NA 08/03/99

94 2

CHILD

1. NAME (First) CEBU CITY (Middle) (Last)

2. SEX FAITH ANGELO ____ 1. Male ____ 2. Female

3. DATE OF BIRTH (day) 15 (month) JULY (year) 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) 270-15 ESPARIO ST. KAMPUSIAN (City/Municipality) CEBU CITY (Province) CEBU

5a. TYPE OF BIRTH ____ 1. Single ____ 2. Twin X ____ 3. Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS ____ 1. First ____ 2. Second ____ 3. Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)

7. WEIGHT AT BIRTH ____ grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

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

10. OCCUPATION HOUSE WIFE

11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) 270-15 ESPARIO ST. KAMPUSIAN (City/Municipality) CEBU CITY (Province) CEBU

FATHER

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FILIPINO

17. Age at the time of this birth: 21 years

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 X 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 3:10 o'clock am/pm on the date stated above.

Signature _____ Address CAMPUSIAN HEALTH CENTER KAMPUSIAN CEBU CITY CEBU

Name in Print VILMA ADARO Title or Position RHM Date JULY 15, 1999

20. INFORMANT

Signature _____ Address 270-15 ESPARIO ST, KAMPUSIAN CEBU CITY CEBU

Name in Print FAITH M. ARELLANO Relationship to the child MOTHER Date

21. PREPARED BY

Signature _____ Name in Print VILMA ADARO Title or Position RHM Date JULY 15, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____ Name in Print JAMES G. DENAPO Title or Position CLERK Date AUG 03 1999

PHILIPPINE STATISTICS AUTHORITY

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON SEPTEMBER 28, 2006 AT CEBU CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: FAITH ALEXIS ARELLANO ANGANA

SID: C13333DC4101663310BA3455231D888BFEF6905CD

MS. EDITHA R. ORGILLA
Chief, Civil Registration Division
06/02/2011 03:44:41 PM

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BEST POSSIBLE IMAGE

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BReN 02217-A99PD18-8

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Lisa Grace S. Bersales

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