

(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>		Registry No. <u>94-29007</u>		
City/Municipality <u>Cebu City</u>				
1. NAME (First) (Middle) (Last) <u>Bernalyn De Guzman Tuico</u>		For OCRG USE ONLY: Population Reference No. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>18 December 1994</u>		
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>North Reclamation Area</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.			41 <u>94 29 007</u>
	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____			48 <input type="checkbox"/>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>7th</u>			d. WEIGHT AT BIRTH <u>3.80</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Gloria Lariada De Guzman</u>		49 <input checked="" type="checkbox"/> 50 <u>18/290</u>	
	7. CITIZENSHIP <u>Filipino</u>		56 <u>22/78</u>	
	8. RELIGION <u>Catholic</u>		61 <input type="checkbox"/>	
	9a. Total number of children born alive: <u>7</u>		b. No. of children still living including this birth: <u>7</u>	
10. OCCUPATION <u>housewife</u>		11. Age at the time of this birth: <u>33</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>North Reclamation Area</u>		62 <u>07</u> 64 <u>38500</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Bernardo Sanchez Tuico</u>		68 <input type="checkbox"/> 69 <input type="checkbox"/>	
	14. CITIZENSHIP <u>Filipino</u>		70 <u>07</u> 72 <u>07</u> 74 <u>00</u>	
	15. RELIGION <u>Catholic</u>		76 <u>220</u> 78 <u>33</u>	
	16. OCCUPATION <u>driver</u>		81 <u>22/78</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>August 20, 1980 - Cebu City</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input checked="" type="checkbox"/> 4. Hilot (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>3:20</u> o'clock am/pm on the date stated above.				
Signature <u>Florinda Tuico</u>		Address <u>North Reclamation Area</u>		
Name in Print <u>Florinda Tuico</u>		Date <u>12-18-94</u>		
Title or Position <u>hilot</u>				
20. INFORMANT				
Signature <u>Gloria Tuico</u>		Address <u>North Reclamation Area</u>		
Name in Print <u>Gloria Tuico</u>		Date <u>12-18-94</u>		
Relationship to the child <u>mother</u>				
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		
Signature <u>Rosalinda Ebarca</u>		Signature <u>NIDA A. RUIZ</u>		
Name in Print <u>Rosalinda Ebarca</u>		Name in Print <u>CLERK III</u>		
Title or Position <u>PHN</u>		Title or Position <u>DATE RMD JAN 06 1995</u>		
Date <u>1-5-95</u>		Date		
		93 <input type="checkbox"/> 2600		
		94 <input type="checkbox"/>		

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

