

(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1999)

(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 CEBU Registry No. 2004 10634  
City/Municipality CEBU CITY

1. NAME (First) DAKHNIE JOYCE (Middle) SICIBAN (Last) SINGCO

2. SEX X 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year) 5 APRIL 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
CAMAGONG ST., LAHUG, CEBU CITY, 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 fetal deaths including this delivery) 3rd (first, second, third, etc.)  
d. WEIGHT AT BIRTH 4,000 grams

6. MAIDEN NAME (First) WILFREDA (Middle) HORNADA (Last) SICIBAN

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3  
b. No. of children still living including this birth: 3  
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEKEEPER 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
CAMAGONG ST., LAHUG, CEBU CITY, CEBU

13. NAME (First) NILO (Middle) BIADNES (Last) SINGCO

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FISH VENDOR 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCTOBER 28, 2000- GINATILAN, CEBU

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 9:23 AM o'clock     am/pm on the date stated above.

Signature [Signature] Address LAHUG, CEBU CITY  
Name in Print D.J. MATILDO  
Title or Position PHM RM BCHS Date APRIL 5, 2004

20. INFORMANT  
Signature [Signature] Address CAMAGONG ST., LAHUG, CEBU CITY  
Name in Print WILFREDA S. SINGCO  
Relationship to the child MOTHER Date APRIL 5, 2004

21. PREPARED BY  
Signature [Signature]  
Name in Print D.J. MATILDO  
Title or Position PHM RM BCHS  
Date APRIL 5, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name EVANGELINE T. ARATA  
Title or Position CITY CIVIL REGISTRAR  
Date 2004 APR 5

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*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

