



(Copy for OCRG)

Municipality (Revised) Form No. 102 January 1993 (To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CML REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate number in Items 2, 5a, 5b and 13a.)			
Province <u>Cebu</u>		Registrar's No. <u>08 31967</u>	
City/Municipality <u>Cebu City</u>			
CHILD	1. NAME <u>CHRISTINE</u> (First) <u>VERMILION</u> (Middle) <u>QUILERA</u> (Last)		For OCRG USE ONLY: Population Reference No.
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	3. DATE OF BIRTH <u>17 Dec. 1998</u> (day) (month) (year)		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay)		41 <u>7231967</u>
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		42 <u>1</u>
b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, Specify		43 <u>2</u>	
c. BIRTH ORDER (live births and total deaths including this delivery) <u>3rd</u> (first, second, third, etc.)		44 <u>011298</u>	
d. WEIGHT AT BIRTH <u>2722</u> grams		45 <u>22178</u>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Ma. LICENIA</u> <u>OCAMPO</u> <u>MACASERO</u>		46 <u>03</u>
	7. CITIZENSHIP <u>Phil.</u>		47 <u>2722</u>
	8. RELIGION <u>Roman Catholic</u>		48 <u>1</u>
	9a. Total number of children born alive: <u>3</u>		49 <u>1</u>
	b. No. of children still living including this birth: <u>3</u>		50 <u>1</u>
c. No. of children born alive but are now dead:		51 <u>1</u>	
10. OCCUPATION <u>housewife</u>		52 <u>03</u>	
11. Age at the time of this birth: <u>34</u> years		53 <u>2722</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Inayawan, Cebu City</u> <u>Cebu</u>		54 <u>1</u>	
FATHER	13. NAME (First) (Middle) (Last) <u>J. QUILERA</u> <u>QUILERA</u> <u>QUILERA</u>		55 <u>1</u>
	14. CITIZENSHIP <u>Phil.</u>		56 <u>1</u>
	15. RELIGION <u>Roman Catholic</u>		57 <u>1</u>
	16. OCCUPATION <u>Laborer</u>		58 <u>1</u>
	17. Age at the time of this birth: <u>25</u> years		59 <u>1</u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Sept. 23, 1973</u> <u>Laray Talisay Cebu</u>		60 <u>1</u>	
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		61 <u>220</u>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:30</u> o'clock <u>am/pm</u> on the date stated above.		62 <u>34</u>	
Signature <u>Carmelita B. Abadon</u> Address <u>Inayawan Cebu City</u> Name in Print <u>Carmelita B. Abadon</u> Title or Position <u>PHN</u> Date <u>Dec. 12, 1998</u>		63 <u>1</u>	
20. INFORMANT Signature <u>Ma. Licenia Quilera</u> Address <u>Inayawan Cebu City</u> Name in Print <u>Ma. Licenia Quilera</u> Relationship to the child <u>Mother</u> Date <u>Dec. 12, 1998</u>		64 <u>1</u>	
21. PREPARED BY Signature <u>Carmelita B. Abadon</u> Name in Print <u>Carmelita B. Abadon</u> Title or Position <u>PHN</u> Date <u>Dec. 1, 1998</u>		65 <u>1</u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LORELE N. DEJITO</u> Name in Print <u>LORELE N. DEJITO</u> Title or Position <u>ASSISTANT REGISTRAR</u> Date <u>DEC 11 1998</u>		66 <u>1</u>	
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Documentary
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Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office