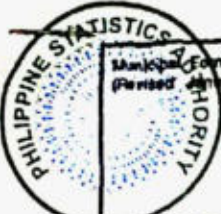


(Copy for OCR)



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.)

REMARKS/ANNOTATION

Province CEBU Registry No. 2002 10123
City/Municipality CEBU CITY

CHILD	1. NAME (First) <u>RALOA LOUISE</u> (Middle) <u>SATO</u> (Last) <u>PARADYANG</u>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH: (day) <u>9</u> (month) <u>APRIL</u> (year) <u>2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>1534 M.J. OWSICO AVE., MABOLO, 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 (five births and fetal deaths including this delivery) <u>3rd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams	
MOTHER	6. MAIDEN NAME (First) <u>CRISTITA</u> (Middle) <u>CARDOBO</u> (Last) <u>SATO</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>R.O</u>
	9a. Total number of children born alive: <u>5</u>	b. No. of children still living including this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>BUSINESSWOMAN</u>		11. Age at the time of this birth: <u>42</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1534 M.J. OWSICO AVE., MABOLO, CEBU CITY CEBU</u>			
FATHER	13. NAME (First) <u>ROBERTO</u> (Middle) <u>GABAYONAN</u> (Last) <u>PARADYANG</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>R.O.</u>
	16. OCCUPATION <u>BUSINESSMAN</u>		17. Age at the time of this birth: <u>49</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
FEBRUARY 17, 1985 - SAN ISIDRO LABORER PARISH CALINDAGAN, CABAJO, CEBU

19a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Midot (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 11:00 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address MABOLO, CEBU CITY
Name in Print FLORENCIA SADILO
Title or Position MIDOT Date APRIL 15, 2002

20. INFORMANT
Signature [Signature] Address 1534 M.J. OWSICO AVE., MABOLO, CEBU CITY
Name in Print CRISTITA S. PARADYANG
Relationship to the child MOTHER Date APRIL 15, 2002

21. PREPARED BY
Signature [Signature]
Name in Print FLORENCIA SADILO
Title or Position MIDOT
Date APRIL 15, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print LOUELLA N. DEJITO
Title or Position REGISTRATION OFFICER-II
Date APR 16 2002

For OCRG USE ONLY:
Population Reference No.
[]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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88. 20 89. 49

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BEST POSSIBLE IMAGE



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BReN
02217-B02H90Z-9

Documentary
Stamp Tax Paid

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

