(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

155

(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. 2001-155

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 B0100155

CHILD

1. NAME (First) Jilyn (Middle) Maquiquin (Last) Zapas

2. SEX ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) 19 (month) Jan (year) 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) South Pob (City/Municipality) Naga (Province) Cebu

5a. TYPE OF BIRTH ___ 1 Single ___ 2 Twin X 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) 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH 3500 grams

48 1

49 2 50 19012001

MOTHER

6. MAIDEN NAME (First) Judilyn (Middle) Maquipelin (Last) Zapas

7. CITIZENSHIP Filipina

8. RELIGION 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

65 22343

10. OCCUPATION Housekeeper

11. Age at the time of this birth: 25 years

61 1

12. RESIDENCE (House No., Street, Barangay) Pitala (City/Municipality) San Fernando (Province) Cebu

62 02 64 3500

FATHER

13. NAME (First) Jessie (Middle) Sayson (Last) [illegible]

14. CITIZENSHIP Filipino

15. OCCUPATION Laborer

16. Age at the time of this birth: [illegible] years

63 1 69 1

70 02 72 02 74 00

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

Oct 16, 1999 San Fernando Cebu

76 220 78 25

19a. ATTENDANT
___ 1 Physician X 2 Nurse ___ 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 6:35 o'clock am/pm on the date stated above.

Signature _____
Name in Print _____
Title or Position R.N.
Address _____
Date Naga Cebu Jan 26, 2001

81 224118

20. INFORMANT
Signature Judilyn Zapas
Name in Print _____
Relationship to Child Mother
Address _____
Date San Fernando Cebu Jan 28, 2001

86 1 87 1

88 999 91 21

21. PREPARED BY
Signature _____
Name in Print _____
Title or Position R.N.
Date Jan 28, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print JURITA A. BALBUENA
Title or Position MUN. CIVIL REGISTRAR
Date NAGA, CEBU

93 000155

93 1

ACK. MADE IN THE ABSENCE OF MUN

94 [illegible]
ANGELITA G. GENERALE
Registration Officer I

JAN 29 2001

05283-48-400VGF-00349-BI006

BEST POSSIBLE IMAGE

BReN
02234-B01BK01-8

Documentary
Stamp Tax Paid

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

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