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| Form No. 102 January 1993 | | (To be accomplished in quadruplicate) | | REMARKS/ANNOTATION | | |
| Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 15a.)</small> | | | | | | |
| Province <u>CEBU</u> City/Municipality <u>CEBU CITY</u> | | | Registry No. <u>2004 25733</u> | | | |
| CHILD | 1. NAME (First) (Middle) (Last) <u>CHRISTIAN</u> <u>ABA-A</u> <u>PIDLAOAN</u> | | For OCRG USE ONLY: Population Reference No. | | | |
| | 2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | 3. DATE OF BIRTH (day) (month) (year) <u>21</u> <u>AUGUST</u> <u>2004</u> | | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., 5 - etc., Barangay) | | | TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR | | |
| | CEBU PITER CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU | | | | | |
| 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin | | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second | | | | |
| c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.) | | d. WEIGHT AT BIRTH <u>3,300</u> grams | | | | |
| MOTHER | 5. MAIDEN NAME (First) (Middle) (Last) <u>LEA</u> <u>TACAD</u> <u>ABA-A</u> | | 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> | | | |
| | 7. CITIZENSHIP <u>FIL.</u> | | 8. RELIGION <u>ROMAN CATHOLIC</u> | | | |
| | 9a. Total number of children born alive: <u>2</u> | | b. No. of children still living including this birth: <u>2</u> | | c. No. of children born alive but are now dead: <u>0</u> | |
| | 10. OCCUPATION <u>HOUSEWIFE</u> | | 11. Age at the time of this birth: <u>27</u> years | | | |
| 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MAJUMBO, PUSOK LAPU-LAPU CITY CEBU</u> | | | 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> | | | |
| FATHER | 13. NAME (First) (Middle) (Last) <u>ERMO</u> <u>MONTELLANO</u> <u>PIDLAOAN</u> | | 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> | | | |
| | 14. CITIZENSHIP <u>FIL.</u> | | 15. RELIGION <u>ROMAN CATHOLIC</u> | | | |
| | 16. OCCUPATION <u>PRODUCTION ASSOCIATE</u> | | 17. Age at the time of this birth: <u>27</u> years | | | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 28, 2001 LAPU-LAPU CITY</u> | | | | | | |
| 19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input 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>6:00</u> o'clock on <u>21</u> day of <u>AUGUST</u> 2004 above. | | | | | | |
| Signature <u>MILDA N. LAGANOSA, M.D.</u> Name in Print <u>MILDA N. LAGANOSA, M.D.</u> Title or Position <u>PHYSICIAN</u> Date <u>AUGUST 21, 2004</u> | | | CEBU PITER CENTER & MATERNITY HOUSE, INC. CEBU CITY | | | |
| 20. INFORMANT Signature <u>LEA A. PIDLAOAN</u> Name in Print <u>LEA A. PIDLAOAN</u> Relationship to the child <u>MOTHER</u> Date <u>AUGUST 21, 2004</u> | | | | | | |
| 21. PREPARED BY Signature <u>MARIANITA S. BERNARDOZ</u> Name in Print <u>MARIANITA S. BERNARDOZ</u> Title or Position <u>CLERK</u> Date <u>AUGUST 21, 2004</u> | | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>JESCAR B. MOLA</u> Name in Print <u>JESCAR B. MOLA</u> Title or Position <u>Registration Officer IV</u> Date | | | |
| 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> | | | | | | |