

(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)  
**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 10e.)

REMARKS/ANNOTATION

Province CEBU **2005-31395**  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
RHONA MARIANNE KABAHAR ARCILLA  
2. SEX Female 3. DATE OF BIRTH (day) (month) (year)  
19 OCTOBER 2005

For OCRG USE ONLY:  
Population Reference No.

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU BUS. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU  
5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS  
1 Single 2 Twin 1 First 2 Second  
3 Triplet, etc. 3 Others, Specify \_\_\_\_\_  
c. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH  
FOURTH (first, second, third, etc.) 2,840 grams

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)  
ALMA MARIA MANIPES KABAHAR  
7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC  
9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0  
10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 36 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
163 4TH ST., ESPINA VILLAGE II, d. RODRIGUEZ ST., CEBU CITY,

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13. NAME (First) (Middle) (Last)  
RONALD VILLAYERDE ARCILLA  
14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC  
16. OCCUPATION BUSINESSMAN 17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JANUARY 9, 1993 CEBU CITY  
19a. ATTENDANT  
4 Physician 2 Nurse 3 Midwife  
4 Healer (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 5:52 o'clock am/pm on the date stated above.  
Signature \_\_\_\_\_ CEBU BUS. CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Name in Print SAMS DAS REUGO, V.D. Date OCTOBER 19, 2005  
Title or Position PHYSICIAN

20. INFORMANT  
Signature \_\_\_\_\_ 163 4TH ST., ESPINA VILLAGE II  
Name in Print ALMA MARIA K. ARCILLA B. RODRIGUEZ ST., CEBU CITY, CEBU  
Relationship to the child MOTHER Date OCTOBER 19, 2005

21. PREPARED BY  
Signature \_\_\_\_\_ OSCAR B. MOLO  
Name in Print MARIANILLA C. HERNANDEZ REGISTRAR OFFICER IV  
Title or Position RECORD ASSISTANT Date 25 OCT 2005  
Date OCTOBER 19, 2005

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

