



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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, 6a, 6b and 19a.)					
Province <u>CEBU</u>		Register No. <u>20021334</u>			
City/Municipality <u>CEBU CITY</u>					
1. NAME (First) (Middle) (Last) <u>ZACHARY CHRISTI PANGILINAN ELIPSE</u>					
2. SEX <u>XX</u> 1. Male 2. Female		3. DATE OF BIRTH (day) (month) (year) <u>23 DECEMBER 2001</u>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CHONG HUA HOSPITAL CEBU CITY CEBU</u>				
	5a. TYPE OF BIRTH <u>XX</u> 1. Single 2. Twin 3. Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> 1. First 2. Second 3. Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FOURTH</u>		d. WEIGHT AT BIRTH <u>2,750</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>LIBERTY PABO PANGILINAN</u>				
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
	9a. Total number of children born alive: <u>four</u>		9b. No. of children still living including this birth: <u>three</u>		
10. OCCUPATION <u>TEACHER</u>		11. Age at the time of this birth: <u>30</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>#2 BLK 3, VILPAL ESTATE 2, PAKIGNE, MINGLANILLA, CEBU</u>					
FATHER	13. NAME (First) (Middle) (Last) <u>ALFONSO CRISTINO D. DYKIA ELIPSE</u>				
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>AVP OPERATIONS</u>		17. Age at the time of this birth: <u>33</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 06, 1996, NAIDADU CITY, CEBU</u>					
19a. ATTENDANT <u>XX</u> 1. 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 <u>5:30 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>MA. VIRGINIA S. ABRILS, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>c/o Chong Hua Hospital Fuente Osena, Cebu City</u> Date <u>December 24, 2001</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ALFONSO CRISTINO D. ELIPSE</u> Relationship to the child <u>FATHER</u>		Address <u>#2, BLK 3, VILPAL Estat 2, Pakigne, Minglanilla, Cebu</u> Date <u>December 24, 2001</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BERNARDINA I. GERONA</u> Title or Position <u>CLERK</u> Date <u>December 24, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>...</u> Title or Position <u>...</u> Date <u>...</u>			

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[Signature]
CARMELITA N. ERICIA

Administrator and Civil Registrar General
National Statistics Office

