



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.)

Province CEBU Reg. No. 2001 13796

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
NEA COLEEN RANAN

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
25 MAY 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 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) first (first, second, third, etc.) d. WEIGHT AT BIRTH
2,200 grams

6. MAIDEN NAME (First) (Middle) (Last)
CELESTINA ULTIANO RANAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION SERVICE CREW 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
UBCA QUIOT PARDO, CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

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

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH 1:32P.M.
 I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.

Signature GRACE MEDAD, M.D. Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY
 Title or Position PHYSICIAN Date MAY 25, 2001

20. INFORMANT
 Signature CELESTINA RANAN Address UBCA QUIOT PARDO, CEBU CITY
 Name in Print CELESTINA RANAN Date MAY 25, 2001
 Relationship to the child MOTHER

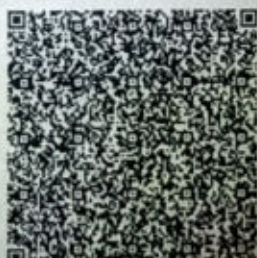
21. PREPARED BY
 Signature VIVIAN M. VILLAFANE
 Name in Print CLERK
 Title or Position CLERK
 Date MAY 25, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature AGNES C. DENAPU
 Name in Print CLERK
 Title or Position CLERK
 Date JUN 01 2001

REMARKS/ANNOTATION
 The CRC:
 For OCRG USE ONLY: Population Reference (Ita)
 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
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08963-5B-428KC1-00326-B1001
 BEST POSSIBLE IMAGE

 T002089634280032607162024001



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

