



(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 <b>CERTIFICATE OF LIVE BIRTH</b> <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)</small>					
Province <u>SEBU</u>		Registry No. <u>2002-0282</u>			
City/Municipality <u>ASTURIAS</u>					
1. NAME (First) (Middle) (Last) <u>JANE JEE</u> <u>YABATE</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>29 February 2002</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Tubigaguanok, Asturias, Sebu</u>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2522</u> grams		For OCRG USE ONLY: Population Reference No.	
6. MAIDEN NAME (First) (Middle) (Last) <u>RENEA</u> <u>MARIA</u> <u>CRISTINA</u>		7. CITIZENSHIP <u>Philippine</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>    </u>	
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tubigaguanok, Asturias, Sebu</u>					
13. NAME (First) (Middle) (Last) <u>N/A</u>		14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u>N/A</u>	
16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u>    </u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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>2:07</u> <u>pm</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>REGINA M. SIBAY</u> Title or Position <u>Registered Nurse</u>		Address <u>Tubigaguanok, Asturias, Sebu</u> Date <u>27 February 2002</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>RENEA M. SIBAY</u> Relationship to the child <u>Mother</u>		Address <u>Tubigaguanok, Asturias, Sebu</u> Date <u>27 February 2002</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>SORAYON R. SUAREZ</u> Title or Position <u>Registered Midwife</u> Date <u>27 February 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LORENZA M. CALIGUAN</u> Title or Position <u>MR. CIVIL REGISTRAR</u> Date <u>27 February 2002</u>		000162	

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BEST POSSIBLE IMAGE



*CDM*  
CLAIRE DENNIS S. MAPA, Ph. D.