Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

XY.P-38

(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
City/Municipality: LILOAN
Registry No. 05-149

REMARKS/ANNOTATION

For OCRG USE ONLY: Registration Retrieval No.

Code filled up at the Office of the Civil Registrar

CHILD

1. NAME (First): JHLIANE (Middle): PEPITO (Last): GOC-ONG
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 8th day of May 2002
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): San Vicente Barangay Health Center
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): third (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3175 grams

MOTHER

6. MAIDEN NAME (First): Antolia (Middle): Capangrangan (Last): Pepito
7. CITIZENSHIP: Filipino
8. RELIGION: R.C.
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Housewife
11. Age at the time of this birth: 31 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Sta. Cruz, Liloan, Cebu

FATHER

13. NAME (First): Willy (Middle): Maglasang (Last): Goc-ong
14. CITIZENSHIP: Filipino
15. RELIGION: R.C.
16. OCCUPATION: Laborer
17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): July 7, 1991 Sacred Heart Church, Liloan, Cebu

19a. ATTENDANT: 1 Physician 2 Nurse X 3 Midwife 4 Hilot (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 3:05 am o'clock am/pm on the date stated above.
Signature: [signature]
Address: Liloan, Cebu
Name in Print: Bren Keith Lumbre
Title or Position: Midwife
Date: 5/8/02

20. INFORMANT
Signature: [signature]
Address: Sta. Cruz, Liloan, Cebu
Name in Print: JOEL GOC-ONG
Date: 5/15/02
Relationship to the child: Mother

21. PREPARED BY
Signature: [signature]
Name in Print: JENNY CAMPOS
Title or Position: STATISTICAL OFFICER
Date: 5/15/02

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: [illegible]
Title or Position: [illegible]
Date: 9/23/02

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BEST POSSIBLE IMAGE

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