

(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, 5a, 5b and 19a.)

Province CEBU Registry No. 2000 34844  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
CYNTHIA JOY LOPEZ

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)  
10 DECEMBER 2000

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

5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS  
Single 1 First

c. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH  
FIRST 2,820 grams

6. MAIDEN NAME (First) (Middle) (Last)  
ROWENA DONAIRE LOPEZ

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 NONE 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME (First) (Middle) (Last)  
NASIPIT, TALAMBAN, CEBU CITY, CEBU  
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  
Physician Nurse Midwife  
Midwife Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 8:21 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY  
Name in Print WDA THERESA LIM, M.D. Date DECEMBER 10, 2000  
Title or Position MOTHER

20. INFORMANT  
Signature [Signature] Address NASIPIT, TALAMBAN, CEBU CITY  
Name in Print ROWENA LOPEZ Date DECEMBER 10, 2000  
Relationship to the child MOTHER

21. PREPARED BY  
Signature [Signature] Address NASIPIT, TALAMBAN, CEBU CITY  
Name in Print JOCELYN B. ITONG Date DECEMBER 10, 2000  
Title or Position CLERK

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Address NASIPIT, TALAMBAN, CEBU CITY  
Name in Print AGNES C. DENAPO Date DECEMBER 10, 2000  
Title or Position CLERK

For OCRG USE ONLY:  
Population Reference No. 2017-5003A23-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 8003414

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