



(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> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)				
Province <u>CEBU</u> City/Municipality <u>CEBU CITY</u>		Registry No. <u>2005 13054</u>		
1. NAME (First) (Middle) (Last) <u>NICOLYN</u> <u>UDAS</u> <u>CABRERA</u>		2. SEX <u>1</u> Male <u>X</u> 2 Female		
3. DATE OF BIRTH (day) (month) (year) <u>30</u> <u>APRIL</u> <u>2005</u>				
C H I C E B U P U E R . C E N T E R & M A T E R N I T Y H O U S E , I N C ., C E B U C I T Y C E B U	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY CEBU</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3,300</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>MA. OORAZON</u> <u>DUPAL</u> <u>UBAS</u>				
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
M O T H E R	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including <u>1</u> this birth:	
			c. No. of children born alive but are now dead: <u>0</u>	
F A T H E R	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>27</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u># 60 B. RODRIGUEZ EXT., SAMBAG 2, CEBU CITY CEBU</u>			
13. NAME (First) (Middle) (Last) <u>EDUARDO</u> <u>SUIDEL</u> <u>CABRERA</u>		14. CITIZENSHIP <u>FILIPINO</u>		
15. OCCUPATION <u>OCW</u>		16. RELIGION <u>ROMAN CATHOLIC</u>		
17. Age at the time of this birth: <u>37</u> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>AUGUST 7, 2002</u> <u>CAPITOL CEBU CITY</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:47 A.M.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>MARY RESUEL ARNADO, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>APRIL 30, 2005</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MA. OORAZON U. CABALLA</u> Relationship to the child <u>MOTHER</u>		Address <u># 60 B. RODRIGUEZ EXT. SAMBAG 2, CEBU CITY</u> Date <u>APRIL 30, 2005</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>VIVIAN V. MACHACON</u> Title or Position <u>CLERK</u> Date <u>APRIL 30, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>Registration Officer I</u> Title or Position <u>Registration Officer I</u> Date <u>2005 MAY 09</u>		

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BEST POSSIBLE IMAGE



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*Carmelita N. Ericta*  
**CARMELITA N. ERICTA**  
 Administrator and Civil Registrar General