



(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 **99-8793**  
City/Municipality Toledo City

1. NAME (First) (Middle) (Last)  
DARLYN ABELLA

2. SEX  Male  Female 3. DATE OF BIRTH (Day) (month) (year)  
30 Nov. 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Toledo City Hospital Toledo City Cebu

5a. TYPE OF BIRTH  1. Single  2. Twin  3. Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  1. First  2. Second  3. Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 2nd d. WEIGHT AT BIRTH 2515 grams

6. MAIDEN NAME (First) (Middle) (Last)  
DARLYN MERCADO ABELLA

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Media Once Toledo City Cebu

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

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  1. Physician  2. Nurse  3. Midwife  4. Healer (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 1:15PM clock and/pm on the date stated above.

Signature [Signature] Address Toledo City Hospital Toledo City  
Name in Print EMERSON  
Title or Position Medical Officer IV Date Nov. 30, 1999

20. INFORMANT  
Signature [Signature] Address Media Once, Toledo Ci  
Name in Print DARLYN ABELLA  
Relationship to the child Mother Date Nov. 30, 1999

21. PREPARED BY  
Signature [Signature]  
Name in Print CHERRY TAYACAC  
Title or Position Midwife Date Nov. 30, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print EUGENIA S. SAMPAYO  
Title or Position City Civil Registrar Date 12-2-99

For OCRG Use Population No.	2251-A99XW01-6
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	1
15	1
16	1
17	1
18	1
19	1
20	1
21	1
22	1