



(Copy for OCRG)

Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

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, 6a, 6b and 19a.)

Province CEBU Registry No. 1129E

City/Municipality TALISAY CITY

1. NAME (First) (Middle) (Last)
TRIXIE ANN DEBENZA

2. SEX Male Female 3. DATE OF BIRTH (day) (month) (year)
26 JAN 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
WREG SAN ISIDRO TALISAY CITY, CEBU

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

6. BIRTH ORDER (five births and total deaths including this delivery) (first, second, third, etc.) FIRST d. WEIGHT AT BIRTH
3,948 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARY JEAN ABELLANOSA DEBENZA

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 SECRETARY 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
DUNLOG TALISAY CITY, CEBU

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

14. CITIZENSHIP 15. RELIGION

16. OCCUPATION 17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

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 5:26 PM o'clock am/pm on the date stated above.

Signature [Signature] Address WREG SAN ISIDRO TALISAY CITY, CEBU
Name in Print M. DARLA Date FEB. 3 2004
Title or Position R.R.

20. INFORMANT Signature [Signature] Address DUNLOG TALISAY CITY, CEBU
Name in Print MARY JEAN DEBENZA Date FEB. 3, 2004
Relationship to the child MOTHER

21. PREPARED BY Signature [Signature]
Name in Print J. L. BAYAN
Title or Position CLERK ASSISTANT
Date FEB. 3, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature]
Name in Print MARY GENMA APVITO-LA
Title or Position CITY CIVIL REGISTRAR
Date FEB. 3 2004

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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