



(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. 95-92892
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
JOHAR FUSS DERACO QUIÑO

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
25 Dec. 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Cebu Doctors' Hospital Cebu 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 (live births and fetal deaths including this delivery) **d. WEIGHT AT BIRTH**
1st. (first, second, third, etc.) 2977 grams

6. MAIDEN NAME (First) (Middle) (Last)
Juvie Tante Deraco

7. CITIZENSHIP Filipino **8. RELIGION** Catholic

9a. Total number of children born alive: 01 **b. No. of children still living including this birth:** 01 **c. No. of children born alive but are now dead:** _____

10. OCCUPATION Housewife **11. Age at the time of this birth:** 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1226 Clavano St., Capitol site Cebu City Cebu

13. NAME (First) (Middle) (Last)
Pampasio Pajegal Quiño

14. CITIZENSHIP Filipino **15. RELIGION** Catholic

16. OCCUPATION Security guard **17. Age at the time of this birth:** 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
November 20, 1994, Capis

19a. ATTENDANT
 1 Physician 2 Nurse 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 11:27 PM o'clock am/pm on the date stated above.

Signature _____ Address Cebu Doctors' Hospital
Name in Print GLANDINA XUVEN, M.D. Osmeña Blvd., Cebu City
Title or Position Attending Physician Date Dec. 25, 1995

20. INFORMANT
Signature _____ Address Capitol site
Name in Print JUVIE D. QUIÑO Cebu City
Relationship to the child Mother Date Dec. 25, 1995

21. PREPARED BY
Signature _____
Name in Print Don D. Ministerio
Title or Position medical records clerk
Date Dec 25, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print NDA A. NUNEZ
Title or Position CLERK IJAN 03
Date DATE RCD

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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49 50 95-92892
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81 95-92892
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