



Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 18a.)

Province Cebu Registry No. 95-20829
City/Municipality Cebu City

1. NAME (First) MARIE ANGELOUS (Middle) ORTIGA (Last) ORNOPIA

2. SEX 1 Male X 2 Female **3. DATE OF BIRTH** (day) 21 (month) Aug. (year) 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
St. Anthony Mother & Child Hospital, Basak, San Nicolas, Cebu City

5a. TYPE OF BIRTH X 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) 5th (first, second, third, etc.) **d. WEIGHT AT BIRTH** 2948 grams

6. MAIDEN NAME (First) Ms. Estrella (Middle) Sarino (Last) Ortiga

7. CITIZENSHIP Filipino **8. RELIGION** R.C.

9a. Total number of children born alive: 5 **b. No. of children still living including this birth:** 5 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION Salesgirl **11. Age at the time of this birth:** 38 years

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

13. NAME (First) Valentine (Middle) Sumalinob (Last) Ornopia Jr.

14. CITIZENSHIP Filipino **15. RELIGION** R.C.

16. OCCUPATION Security guard **17. Age at the time of this birth:** 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 13, 1982 - Cebu City Hall

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife X 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 10:30 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address SANCHO - Basak, San Nicolas, Cebu City
Name in Print JUCHEL ANN M. JIMAO-AS, M.D.
Title or Position Medical Officer III Date Aug. 21, 1995

20. INFORMANT
Signature [Signature] Address Danuwa, Cebu City
Name in Print Ms. Estrella O. Ornopia
Relationship to the child mother Date Aug. 21, 1995

21. PREPARED BY
Signature [Signature]
Name in Print Ms. Cheryl T. Gimenez
Title or Position mother
Date Aug. 21, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print A. DURAN
Title or Position CLERK III
Date SEP 21 1995

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

48

49 50 210895

56 22178

61

62 64 05 2948

68 69

70 72 74 05 05 00

76 79 4571 38

81 22178

86 87 0460

88 91 589 37

93 011382
22178
092178

94

02799-A5-003JAR-02892-BI002

BEST POSSIBLE IMAGE



003027990030289208312007002

BReN
[02217-A95RM11-8]

[Signature]
CARMELITA N. ERICIA
Administrator and Civil Registrar General
National Statistics Office