



Mandatory 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 2 before the appropriate number in Items 2, 5a, 7b and 15a.)

Province CEBU Region No. 2002 15726 City/Municipality CEBU CITY

1. NAME (First, Middle, Last) GLENN KYLE YNIG TABOADA
2. SEX XX 1 Male 2 Female
3. DATE OF BIRTH (day, month, year) 24 MAY 2002
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) CHONG HUA HOSPITAL CEBU CITY CEBU
5a. TYPE OF BIRTH XX 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) SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH 2,700 grams

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First, Middle, Last) ANIELYN MARILON YNIG
7. CITIZENSHIP FILIPINO
8. RELIGION ROMAN CATHOLIC
9a. Total number of children born alive: Two
b. No. of children still living including this birth: Two
c. No. of children born alive but are now dead: None
10. OCCUPATION OPERATOR
11. Age at the time of this birth: 22 years
12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) PASIGANJUAN, MANDATE CITY CEBU

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13. NAME (First, Middle, Last) GLENN SOON TABOADA
14. CITIZENSHIP FILIPINO
15. RELIGION ROMAN CATHOLIC
16. OCCUPATION BUSINESSMAN
17. Age at the time of this birth: 38 years

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18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JANUARY 30, 1993, TOLEDO CITY

19a. ATTENDANT XX 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 5:30 A.M. o'clock am/pm on the date stated above.

Signature: CHARITY A. CORDELA, M.D. Address: c/o Chong Hua Hospital, Fuente Camarero, Cebu City Date: May 25, 2002 Title or Position: Attending Physician

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20. INFORMANT Signature: ANIELYN Y. TABOADA Address: Paredunangan, Mandate City, Cebu Date: May 25, 2002 Relationship to the child: MOTHER

21. PREPARED BY Signature: BERNADETA I. OFICINA Name in Print: CLERK Title or Position: Date: May 25, 2002
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: GLENN T. DEJITO Name in Print: REGISTRATION OFFICER V Date: May 25, 2002

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BEST POSSIBLE IMAGE



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CLAIRE DENNIS S. MAPA, Ph. D. National Statistician and Civil Registrar General Philippine Statistics Authority

