



(Copy for OCRG)

Form No. 102
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 <u>CEBU</u>		Registry No. <u>94-2617</u>	
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) <u>LOVELYN</u> (Middle) <u>RICAPLAZA</u> (Last) <u>PRECILLAS</u>		For OCRG USE ONLY: Population Reference No.	
2. SEX <u>XX</u> 1 Male <u>XX</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>14 NOVEMBER 1994</u>	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CRONG RUA HOSPITAL CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH <u>XX</u> 1 Single <u>XX</u> 2 Twin 3 Triplet, etc.		
	b. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Others, Specify		
c. BIRTH ORDER (five births and total deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>4,200</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>ROBUSTIANA AVANCEÑA RICAPLAZA</u>		41 <u>942617</u> 48 <input type="checkbox"/> 49 <u>2</u> <u>714</u> <u>1120</u> 56 <u>22177</u> 61 <input type="checkbox"/> 62 <u>02</u> <u>2/280</u> 68 <input type="checkbox"/> <input type="checkbox"/> 70 <u>02</u> <u>02</u> <u>08</u> 76 <u>972</u> <u>318</u> 81 <u>22301</u> 89 <input type="checkbox"/> <input type="checkbox"/> <u>06229</u> <u>2403</u> 91 <u>112344</u> 93 <input type="checkbox"/> 94 <input type="checkbox"/> <u>2900</u>
	7. CITIZENSHIP <u>FILIPINO</u>		
	8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>TWO</u>		b. No. of children still living including this birth: <u>TWO</u>	
c. No. of children born alive but are now dead: <u>NONE</u>		10. OCCUPATION <u>TIMEKEEPER</u>	
11. Age at the time of this birth: <u>2</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>AS FORJUNA SUBERO, CRANTAD, MANDAU CITY, CEBU</u>	
FATHER	13. NAME (First) (Middle) (Last) <u>ROQUE CAHAYAGAN PRECILLAS</u>		63 <input type="checkbox"/> <input type="checkbox"/> 64 <input type="checkbox"/> <input type="checkbox"/> 67 <input type="checkbox"/> <input type="checkbox"/> 69 <input type="checkbox"/> <input type="checkbox"/> 71 <input type="checkbox"/> <input type="checkbox"/> 72 <input type="checkbox"/> <input type="checkbox"/> 73 <input type="checkbox"/> <input type="checkbox"/> 74 <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> 77 <input type="checkbox"/> <input type="checkbox"/> 78 <input type="checkbox"/> <input type="checkbox"/> 79 <input type="checkbox"/> <input type="checkbox"/> 80 <input type="checkbox"/> <input type="checkbox"/> 82 <input type="checkbox"/> <input type="checkbox"/> 83 <input type="checkbox"/> <input type="checkbox"/> 84 <input type="checkbox"/> <input type="checkbox"/>
	14. CITIZENSHIP <u>FILIPINO</u>		
	15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>TIMEKEEPER</u>		17. Age at the time of this birth: <u>2</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the Back.) <u>JUNE 22, 1991, BARTIL, CEBU</u>			
19a. ATTENDANT <u>XX</u> 1. Physician <u>XX</u> 2. Nurse <u>XX</u> 3. Midwife 4. Helet (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 <u>2:13 P.M.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>GLADYS L. STON, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>c/o crong rua hospital Buena Osmeña, Cebu City</u> Date <u>November 17, 1994</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ROBUSTIANA R. PRECILLAS</u> Relationship to the child <u>MOTHER</u>		Address <u>Banila, Mandau City</u> Date <u>November 17, 1994</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BERNARDINA I. GERONA</u> Title or Position <u>Clerk-Record Section</u> Date <u>November 17, 1994</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>NIDA A. NUNEZ</u> Title or Position <u>CLERK III</u> Date <u>DATE RC NOV 23 1994</u>	

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