(Copy for OCRG)

Municipal 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, 5a, 5b and 13a.)

Province: CEBU
City/Municipality: CEBU CITY
Registry No.: 75 2/97

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**CHILD**

1. NAME (First): JOANNA (Middle): (Last): NATURAL
2. SEX: ___ 1. Male X 2. Female
3. DATE OF BIRTH (day) (month) (year): 23 JANUARY 1995
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): CEBU CITY MEDICAL CENTER (City/Municipality): CEBU CITY (Province): CEBU
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): 2nd (first, second, third, etc.)
d. WEIGHT AT BIRTH: 2700 grams

**MOTHER**

6. MAIDEN NAME (First): ROWENA (Middle): LEAÑO (Last): NATURAL
7. CITIZENSHIP: FIL.
8. RELIGION: R.C.
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0
10. OCCUPATION: NONE
11. Age at the time of this birth: 20 years
12. RESIDENCE (House No., Street, Barangay): 26-B, LOGARTA ST. (City/Municipality): CEBU CITY (Province): CEBU

**FATHER**

13. NAME (First): UNKNOWN (Middle): (Last):
14. CITIZENSHIP: N.A.
15. RELIGION: N.A.
16. OCCUPATION: N.A.
17. Age at the time of this birth: N.A. years

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

19a. ATTENDANT: X 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 12:00 o'clock am/pm on the date stated above.
Signature:
Name in Print: ANTON B. BARADI
Title or Position: M.D.
Address: N. BACALSO AVENUE, CEBU CITY
Date: JANUARY 23, 1995

20. INFORMANT
Signature: Natural R.
Name in Print: ROWENA NATURAL
Relationship to the child: MOTHER
Address: 26-B, LOGARTA ST., CEBU CITY
Date: JANUARY 23, 1995

21. PREPARED BY
Signature:
Name in Print: JUSTINA D. CLAUDIO
Title or Position: D.R. NURSE
Date: JANUARY 23, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: NIDA A. NUNEZ
Name in Print: CLERK III
Title or Position: DATE RC'D FEB 1 0 1995
Date:

| | |
|---|---|
| 41 | 9 5 0 2 1 7 8 |
| 48 | 1 |
| 49 | 2 |
| 50 | 2 3 0 1 7 5 |
| 56 | 2 2 1 7 8 |
| 57 | 1 |
| 62 | 0 2 |
| 64 | 2 7 0 0 |
| 66 | 1 |
| 68 | 4 |
| 70 | 0 2 |
| 72 | 0 2 |
| 74 | 0 0 |
| 76 | 2 2 0 |
| 79 | 20 |
| 81 | 2 2 1 7 8 |
| 86 | 4 |
| 87 | 4 |
| 1809 | |
| 88 | 4 4 4 |
| 91 | 4 4 |
| 93 | 4 |
| 94 | 0 2 1 0 9 5 |

Distribution: Original: Civil Registrar General; Duplicate: Municipal Statistician; Triplicate: Civil Registration and Control Report Office (CRCRO)

SEE: F1.7A/NFMCMF021/FMBM2/P01/R0/BC02/HA3/MEA
MM-22-2-2-2-1-1-3/3/3/0/0/0/0

PHILIPPINE STATISTICS AUTHORITY

07353-7E-400CEL-00516-BI001
BEST POSSIBLE IMAGE
T4000735340000516021820200 01
E0900719439

BReN
02217-A95BP10-7

Documentary
Stamp Tax Paid

CLAIRE DENNIS S
National Statistician and
Philippine Stati