



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1992)		(To be completed 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 ballpoint pen or ink. Place X before the appropriate answer in Items 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)						
Province Cebu		Registry No. 2001 21929		For OCRG USE ONLY: Population Reference No.		
City/Municipality Cebu City						
1. NAME (First) (Middle) (Last) KARRA MAE BAYBAYANON SINGCO						
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (Day) (month) (year) 18 July 2001				
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (Day) (Month) (Year) (Province) House No., Street, Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.				b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, Specify:	
	c. BIRTH ORDER (live births and fetal deaths including this if live) (first, second, third, etc.) 2ND				d. WEIGHT AT BIRTH 3800 grams	
6. MAIDEN NAME (First) (Middle) (Last) ANABELLE BIGTASIN BAYBAYANON						
7. CITIZENSHIP FILIPINO		8. RELIGION ROMAN CATHOLIC				
MOTHER	9a. Total number of children born alive: 2				b. No. of children still living including this birth: 2	
	10. OCCUPATION FRUIT VENDOR			c. Age at the time of this birth: 35 years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) LOOC GINATILAN CEBU						
FATHER	13. NAME (First) (Middle) (Last) ROLAND CEDENO SINGCO					
	14. CITIZENSHIP FILIPINO			15. RELIGION ROMAN CATHOLIC		
	16. OCCUPATION FRUIT VENDOR		d. Age at the time of this birth: 35 years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (First or valid, recognized Affidavit of Acknowledgment/Admission of Paternity at the birth)						
JULY 23, 1997 - ALEGRIA, CEBU						
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Other (Specify)						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child on 12:15 P.M. o'clock am/pm on the date stated above.						
Signature ANTHONY LINTAG, M.D. Name in Print MEDICAL OFFICER III Title or Position		Address VSMHC, CEBU CITY Date July 18, 2001				
20. INFORMANT Signature ANABELLE SINGCO Name in Print MOTHER Relationship to the child		Address Looc, Ginatilan, Cebu Date July 18, 2001				
21. PREPARED BY Name NINA CLAIRE B. POTOT Title NURSE I Date July 18, 2001		Name LOVELLA N. DELITO Title REGISTRATION OFFICER Date				

05021-FE-009CSC-00633-BI001

BEST POSSIBLE IMAGE

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Carmelita N. Ericta
CARMELITA N. ERICTA