



(Copy for OCRG)

Municipal 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 X before the appropriate answer in items 2, 5a, 5b and 19a.)			Delayed Registration
Province <u>Cebu</u> City/Municipality <u>San Fernando</u>		Registry No. <u>2001-42</u>	
CHILD	1. NAME (First) (Middle) (Last) <u>JED FRANCE DELIT AUREO</u>		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) <u>7 December 2000</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Balud, San Fernando, Cebu</u>		
	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 Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>3175</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>JERAMIE DELIT AUREO</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>R.C.</u>
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>
	10. OCCUPATION <u>Housekeeper</u>		c. No. of children born alive but are now dead: <u>0</u>
	11. Age at the time of this birth: <u>19</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Balud, San Fernando, Cebu</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>Ill.</u>		
	14. CITIZENSHIP		15. RELIGION
	16. OCCUPATION		17. Age at the time of this birth: _____ years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:45 pm</u> o'clock <u>pm</u> on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>ROSALINDA A. VILLANUEVA</u> Title or Position <u>RM</u>		Address <u>South Poblacion, San Fernando, Cebu</u> Date <u>January 8, 2001</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>JERAMIE D. AUREO</u> Relationship to the child <u>Mother</u>			
Address <u>Balud, San Fernando, Cebu</u> Date <u>January 8, 2001</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ESTER A. CORNELIO</u> Title or Position <u>T hilot</u> Date <u>January 8, 2001v</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>THELMA S. HERNANDEZ</u> Title or Position <u>ICR</u> Date <u>1-9-2001</u>	

Delayed Registration

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