

(Copy for OCRG)



Form No. 102  
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 19a.)

Province CEBU Registration No. 2000 18068  
City/Municipality CEBU CITY

REMARKS/ANNOTATION

CHILD	1. NAME (First) <u>NITZI CLAIRE</u> (Middle) <u>ARREGLO</u> (Last) <u>ARREGAL</u>	3. DATE OF BIRTH <u>8</u> (day) <u>JULY</u> (month) <u>2000</u> (year)	
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PARR. CENTER &amp; MATERNITY HOUSE INC., CEBU CITY, CEBU</u>	
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>2,740</u> grams	
MOTHER	6. MAIDEN NAME (First) <u>MARIA JOSEFINA</u> (Middle) <u>CULYAN</u> (Last) <u>ARREGLO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>	
	7. CITIZENSHIP <u>FILIPINO</u>	9a. Total number of children born alive: <u>1</u>	
	10. OCCUPATION <u>PRODUCTION WORKER</u>	b. No. of children still living including this birth: <u>1</u>	
	11. Age at the time of this birth: <u>23</u> years	c. No. of children born alive but are now dead: <u>0</u>	
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>SEWAGE, PUSOK, LAPULAPU CITY, Cebu</u>	13. NAME (First) <u>RENATO</u> (Middle) <u>NISA</u> (Last) <u>ARREGAL</u>	
	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>CATHOLIC</u>	
	16. OCCUPATION <u>TECHNICAL ASSE.</u>	17. Age at the time of this birth: <u>20</u> years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
SEPTEMBER 25, 1999 DAW BAYTAYAN, CEBU

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 3:49 P.M. o'clock am/pm on the date stated above.  
Signature [Signature] CEBU PARR. CENTER & MATERNITY HOUSE INC., CEBU CITY  
Name in Print OPHELIA BARON, M.D. CEBU CITY  
Title or Position PHYSICIAN Date JULY 8, 2000

20. INFORMANT  
Signature [Signature] SEWAGE, PUSOK, LAPULAPU CITY  
Name in Print MARIA JOSEFINA ARREGAL Address CEBU  
Relationship to the child MOTHER Date JULY 8, 2000

21. PREPARED BY  
Signature [Signature]  
Name in Print STANLEY S. LIBOR  
Title or Position CLERK  
Date JULY 8, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print CLARE DENNIS  
Title or Position CLERK  
Date JULY 14 2000

For OCRG USE ONLY:  
Population Reference No. 1217-800P814-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

