

(Copy for OCRG)



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 19a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 97-5877
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Jane Ashley Salapi Coang

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
8 March 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Vicente Sotto Memorial Med. Center Cebu City

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Other, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
1st (first, second, third, etc.) d. WEIGHT AT BIRTH
2948 grams

6. MAIDEN NAME (First) (Middle) (Last)
Rosemarie Albaracin Salapi

7. CITIZENSHIP Filipino 8. RELIGION R. Cath.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Upper Poros 3 Compuhaw Labug Cebu City

13. NAME (First) (Middle) (Last)
Ronnie Menatad Coang

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION None 17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
February 22, 1997 Capitol Cebu City

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 Mid (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 11:50 a.m. o'clock am/pm on the date stated above.

Signature [Signature] Address YSPMC Cebu City
Name in Print Dr. Harold Gatipon
Title or Position Med Officer III Date 8 March 1997

20. INFORMANT
Signature [Signature] Address Upper Poros 3 Compuhaw Labug Cebu City
Name in Print Rosemarie Salapi
Relationship to the child Mother Date 8 March 1997

21. PREPARED BY
Signature [Signature]
Name in Print Jennifer Talagon
Title or Position Nurse
Date 8 March 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print EVELYN L. ABANILLA
Title or Position CLERK
Date APR 04 1997

For OCRG USE ONLY:
Population Reference No.
209

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41
4 7 0 5 8 7 7

48
1

49 50
2 0 8 0 3 4 7

56
0 0 1 7 2

61
1

62 64
1 2 0 4 8

68 69
1 1

70 72 74
3 1 0 1 0 0

76 79
2 7 0 1 7

81
0 0 1 7 8

86 87 2360
1 1 2098

88 91
2 9 0 2 1

93
1 63/22/97

94
1 22/78

04/04/97

08492-59-999MDM-00582-BI001

BEST POSSIBLE IMAGE



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QQ600290138

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

