

(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 10a.)

Province CEBU Registry No. 2310300202
City/Municipality DALAGUETE

1. NAME (First) (Middle) (Last)
DREXEL KEITH PAREL

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
03 FEBRUARY 2010

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
ABLAYAN DALAGUETE CEBU

5a. TYPE OF BIRTH 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) (first, second, third, etc.) 1st
d. WEIGHT AT BIRTH 2948 grams

6. MAIDEN NAME (First) (Middle) (Last)
GENEBETH AMANCIO PAREL

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN Catholic

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 now dead: 0

10. OCCUPATION HOUSEKEEPER 11. Age at the time of the birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
ABLAYAN DALAGUETE CEBU

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP 15. RELIGION

16. OCCUPATION 17. Age at the time of the 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 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 at 6:15 o'clock am on the date stated above.

Signature _____ Address ABLAYAN DAL., CEBU
Name in Print SERAPIA YRANEZ
Title or Position T HILOT Date 2/03/10

20. INFORMANT
Signature _____ Address ABLAYAN DAL., CEBU
Name in Print GENEBETH PAREL
Relationship to the child MOTHER Date 02/03/10

21. PREPARED BY
Signature _____
Name in Print GENEVEVE O. MOSQUEDA
Title or Position RRM
Date 2/17/10

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print DELO SERRANOS
Title or Position RRM
Date 2/18/10

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2310300202
46
49 1 50 20313
56 22225
61
62 1 64 1
68 69
70 1 72 1 76 10
78 1 79 1
81 20313
86 87
88 1 91 1
93 2
94