



Form No. 102
January 1999

(To be accomplished in quadruplicate)

(Copy for OCR)

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, 6a, 8a and 10a.)

Province <u>Cebu</u>		Registry No. <u>RM2-506</u>	REMARKS/ANNOTATION	
City/Municipality <u>Naga</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>Regine</u> <u>Saygo</u> <u>Gonzales</u>	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>07</u> <u>March</u> <u>2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Village</u> <u>Naga</u> <u>Cebu</u>	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		6. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.) <u>2,800</u> grams	
	7. MAIDEN NAME (First) (Middle) (Last) <u>Jane</u> <u>Abalayan</u> <u>Saygo</u>		8. RELIGION <u>Roman Catholic</u>	
MOTHER	9a. Total number of children born alive: <u>1</u>	9b. No. of children still living including this birth: <u>1</u>	9c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>sewer</u>	11. Age at the time of this birth: <u>29</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Naalad</u> <u>Naga</u> <u>Cebu</u>		13. NAME (First) (Middle) (Last) <u>Rolito</u> <u>Visayno</u> <u>Gonzales</u>	
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
FATHER	16. OCCUPATION <u>unemployed</u>		17. Age at the time of this birth: <u>35</u> years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the book.) <u>June 23, 2001</u> <u>Naga, Cebu</u>			
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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>6:45 am</u> o'clock any/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>Juchita Peralta</u> Title or Position <u>midwife</u>		Address <u>Village, Naga, Cebu</u> Date <u>March 07, 2002</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>Jane S. Gonzales</u> Relationship to the child <u>mother</u>		Address <u>Naalad, Naga, Cebu</u> Date <u>March 07, 2002</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Stella L. Bartolaba</u> Title or Position <u>clerk</u> Date <u>March 07, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CELIA A. BALEBEN</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>MAGA, CEBU</u>		

For OCR USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 07032526

46 2

48 2 07032526

55 22542

61 1

62 01 01 00

63 1 1

70 01 01 00

76 196 00

81 22542

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88 290 25

92 1

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95 3

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BEST POSSIBLE IMAGE



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Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office