



Form No. 102
Revised January, 1993

(To be accomplished in quadruplicate)

Copy for OCRB

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 16a.)

Province <u>CEBU</u>		Registry No. <u>95-1838</u>	REMARKS/ANNOTATION
City/Municipality <u>CEBU CITY</u>			
1. NAME (First Middle Last) <u>DORAJUN SOLOK</u>		For OCRB USE ONLY: Population Reference No.	
2. SEX <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	3. DATE OF BIRTH (Day) (month) (year) <u>28</u> <u>APRIL</u> <u>1990</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUB. CENTER & MAT. HOUSE, INC. CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,500</u> gr. gm.	
6. MAIDEN NAME (First Middle Last) <u>DORAJUN LEPITEN SOLOK</u>		41	
7. CITIZENSHIP <u>PILIPINO</u>		42	
8. RELIGION <u>ROMAN CATHOLIC</u>		43	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	44
c. No. of children born alive but are now dead: <u>0</u>			45
10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>23</u> years	46
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BANILAD CEBU CITY CEBU</u>			47
13. NAME (First Middle Last) <u>JULIAN PIELAGO AGUILAR</u>			48
14. CITIZENSHIP <u>PILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	49
16. OCCUPATION <u>EMPLOYEE</u>		17. Age at the time of this birth: <u>28</u> years	50
18. DATE AND PLACE OF MARRIAGE OF PARENTS. (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>			51
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Relative (Additional Midwife) <input type="checkbox"/> 5. Others (Specify)			52
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:50 P.M.</u> o'clock am/pm on the date stated above.			53
Signature <u>[Signature]</u> Name in Print <u>ERINA SABADO, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUB. CENTER & MAT. HOUSE, INC., CEBU CITY</u> Date <u>FEBRUARY 13, 1995</u>	54
Signature <u>[Signature]</u> Name in Print <u>DORAJUN SOLOK</u> Relationship to the child <u>MOTHER</u>		Address <u>BANILAD, CEBU CITY</u> Date <u>FEB. 13, 1995</u>	55
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>NEHEMIO T. JAMOC</u> Title or Position <u>CLERK</u> Date <u>FEB. 13, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUELLA N. DE ILTO</u> Title or Position <u>REGISTRATION OFFICER III</u> Date <u>1/28/95</u>	56

REMARKS: LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON JULY 30, 1990 AT CEBU CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS:
DORAJUN SOLOK AGUILAR

ADORACION M. VALENZUELA
Archivist II

7-25-07 of