



(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 19a.)

Province CEBU Registry No. 2002 24388  
City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>JANE</u> <u>DAQUIADO</u> <u>DELANTEAR</u>	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>19</u> <u>AUGUST</u> <u>2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Ambulatory) (City/Municipality) (Province) House No., Street, Barangay <u>CEBU CITY MEDICAL CENTER</u> <u>CEBU CITY</u> <u>CEBU</u>	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>   </u> 2 Twin <u>   </u> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>   </u> 1 First <u>   </u> 2 Second <u>   </u> 3 Other. Specify _____	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2ND</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3330</u> grams		
	MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>JOSEPHINE</u> <u>CABALLERO</u> <u>DAQUIADO</u>	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>25</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BUENA HILLS, GUADALUPE</u> <u>CEBU CITY</u> <u>CEBU</u>		13. NAME (First) (Middle) (Last) <u>ALEX</u> <u>TARARADA</u> <u>DELANTEAR</u>		
FATHER	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>DRIVER</u>	17. Age at the time of this birth: <u>31</u> years		

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 40224388

48 1

49 2 50 19082002

56 27170

51 1

62 02 64 7250

68 1 69 1

70 02 72 02 74 00

76 290 78 25

81 27170

86 1 87 1

88 785 91 31

93 1 **000288**

94 1

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 7, 1997 OUR LADY OF GUADALUPE PARISH, CEBU CITY

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 6:10 P.M. o'clock am/pm on the date stated above.

Signature \_\_\_\_\_ Address N. BACALSO AVENUE  
Name in Print SALLY R. AHLAN CEBU CITY, CEBU  
Title or Position M.D. Date AUGUST 19, 2002

20. INFORMANT  
Signature \_\_\_\_\_ Address BUENA HILLS, GUADALUPE  
Name in Print JOSEPHINE D. DELANTEAR CEBU CITY, CEBU  
Relationship to the child MOTHER Date AUGUST 19, 2002

21. PREPARED BY  
Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name in Print JUSTINA D. CLAUDIO  
Title or Position D.R. NURSE  
Date AUGUST 19, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print LOUELLA N. DEYTO  
Title or Position REGISTRATION OFFICER II  
Date \_\_\_\_\_

06981-A6-400BLA-01809-B1002

BEST POSSIBLE IMAGE



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ZM500084799

BReN  
02217-B02RK0C-6

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

