



Principal Form No. 102  
Revised January 17, 2002  
(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. 2002 30413  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
VELLA MARIE TINIO ARBITILLA

2. SEX 1 Male 2 Female  
3. DATE OF BIRTH (Day) (month) (year)  
11 OCTOBER 2002

For OCR USE ONLY  
Population Reference No.

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU PERK. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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

c. BIRTH ORDER (five births and fetal deaths including this delivery)  
1 (First, second, third, etc.) d. WEIGHT AT BIRTH  
2.500 Grams

41  
42  
43 50

6. MAIDEN NAME (First) (Middle) (Last)  
MALAGUISA TULAG TINIO

49 50

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

56

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

51

10. OCCUPATION FACTORY WORKER 11. Age at the time of this birth 20 years

61

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
DAVIS NORTH CAMPUS CEBU

62 64

13. NAME (First) (Middle) (Last)  
ALAN ROTTA ARBITILLA

68 69

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

70 72 74

16. OCCUPATION FACTORY WORKER 17. Age at the time of this birth 31 years

76 79

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 29, 2002 CARMEN, CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife  
4 Healer (Traditional Midwife) 5 Others (Specify) \_\_\_\_\_

81

19b. CERTIFICATION OF BIRTH  
(I hereby certify that I attended the birth of the child who was born alive at 12:27 o'clock am/pm on the date stated above)

86 87

Signature WILMA M. LASTIMOSA, M.D. CEBU PERKINSON CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Title or Position PHYSICIAN OCTOBER 11, 2002

88 91

20. INFORMANT  
Signature MARIS FORTE CARMEN CEBU  
Name in Print MARIS FORTE, CARMEN CEBU  
Relationship to the child MOTHER Date OCTOBER 11, 2002

92  
93  
94

21. PREPARED BY  
Signature LOUELLA N. DEJITO  
Name in Print LOUELLA N. DEJITO  
Title or Position REGISTRAR GENERAL  
Date OCTOBER 11, 2002

95  
96  
97  
98  
99  
100

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature LOUELLA N. DEJITO  
Name in Print LOUELLA N. DEJITO  
Title or Position REGISTRAR GENERAL  
Date OCT 23 2002

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BEST POSSIBLE IMAGE  
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*CDSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority