

(Copy for OCRG)



Official Form No. 102  
 (Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

2410

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 18a.)

Province <u>CEBU</u>		Registry No. <u>611-284177</u>
City/Municipality <u>CEBU CITY</u>		
1. NAME (First) (Middle) (Last) <u>FRANCE DIANNS DACLAN ENANOZA</u>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>13 NOVEMBER 1996</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER, CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, 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 _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,540</u> grams
6. MARDEN NAME (First) (Middle) (Last) <u>JUANITA BAYATON DACLAN</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</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>33</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>TUYAN, NAGA, CEBU</u>		
13. NAME (First) (Middle) (Last) <u>INOCENCIO CUIZON ENANOZA</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>SEAMAN</u>		17. Age at the time of this birth: <u>38</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 17, 1996 CEBU CITY</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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>1:10 P.M.</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>CEBU PUER, CENTER &amp; MAT. HOUSE, INC., CEBU CITY</u> Name in Print <u>RAJDA G. VIRONA, M.D.</u> Date <u>NOVEMBER 13, 1996</u> Title or Position <u>PHYSICIAN</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>TUYAN, NAGA, CEBU</u> Name in Print <u>JUANITA ENANOZA</u> Date <u>NOVEMBER 13, 1996</u> Relationship to the child <u>MOTHER</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JOCELYN B. ITONG</u> Title or Position <u>CLERK</u> Date <u>NOVEMBER 13, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EVELYN A. HAUILL</u> Title or Position <u>CLERK</u> Date <u>NOV 26 1996</u>

REMARKS/ANNOTATION

For OCRG USE ONLY:  
 Population Reference No. 227A90XD15-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 4628466

43 1

49 50 2 131196

56 22178

61 1

62 64 31 2540

66 69 1 1

70 72 74 01 01 00

76 79 390 33

81 22343

86 87 1 1

88 91 481 38

93 06/17/1996  
22178

94 11/26/1996

08105-H8-999R13-03921-B1001

BEST POSSIBLE IMAGE



T089081059990392103112022001

OP000325599

BReN  
 02217-A96XD0W-9

Documentary  
 Stamp Tax Paid

*CSM*  
 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

