

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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 by items 2, 4a, 6b, and 10a.

Province CEBU City/Municipality CEBU CITY Registrar No. 20021183

1. NAME (First) (Middle) (Last)
JENIE, GONZALEZ EMPERADO

2. SEX X 1 Male X 2 Female **3. DATE OF BIRTH** (day) (month) (year)
05 JAN. 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. **5b. IF MULTIPLE BIRTH, CHILD WAS**
1 First 2 Second 3 Others, Specify _____

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 5th **6. WEIGHT AT BIRTH**
2750 grams

7. MAIDEN NAME (First) (Middle) (Last)
GLORIA CEARADA EMPERADO

7. CITIZENSHIP PIL. **8. RELIGION** R.C.

9a. Total number of children born alive: 4 **9b. No. of children living including this birth:** 4 **9c. No. of children born alive but are now dead:** 1

10. OCCUPATION NONE **11. Age at the time of this birth:** 36 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
45 GONZALEZ CRD. GORGEO LARUG CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N/A **15. RELIGION** N/A

16. OCCUPATION N/A **17. Age at the time of this birth:** _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
N/A

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Healer (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 11:38 AM on 05 of JAN on the date stated above.

Signature: [Signature] Address: R. BAGALSO AVENUE
 Name in Print: DOROTEO V. BERSALES City/Municipality: CEBU CITY, CEBU
 Title or Position: M.D. Date: JAN. 5, 2002

20. INFORMANT
 Signature: [Signature] Address: 45 GONZALEZ CRD. GORGEO
 Name in Print: GLORIA EMPERADO City/Municipality: CEBU CITY
 Relationship to the child: MOTHER Date: JAN. 5, 2002

21. PREPARED BY
 Signature: [Signature]
 Name in Print: CERIL G. BAYADO
 Title or Position: D.H. NURSE
 Date: JAN. 5, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature: [Signature]
 Name in Print: EMILIA A. BAYADO
 Title or Position: REGISTERED NURSE
 Date: _____

REMARKS/ANNOTATION

PO - 0115

05/01/2002

07170

09 27 70

01 01 01

070 76

27170

777 77

05506-2G-400HVD-00970-BI001

ST POSSIBLE IMAGE



BReN
02217-BU2B50C-5

Documentary
Stamp Tax Paid

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