



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.)

96

Province CEBU Registry No. 98 12157
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ERIC SARDINNES SURDILLA

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
9 MAY 1998

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

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

c. BIRTH ORDER (live births and fetal deaths including this delivery)
1st (first, second, third, etc.)
d. WEIGHT AT BIRTH
3250 grams

6. MAIDEN NAME (First) (Middle) (Last)
ELISA CASTILLO SARDINNES

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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

10. OCCUPATION NONE 11. Age at the time of this birth: 18 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
OPRA UNIT 4, KALINASAN, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
RICARDO SARDINNES SURDILLA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TECHNICAL DRAFTING 17. Age at the time of this birth: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
OCTOBER 22, 1997 OUR LADY OF SACRED HEART PARISH,

19a. ATTENDANT N. ESCARIC ST., CEBU CITY
 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 2:39 o'clock am/pm on the date stated above.

Signature [Signature] Address N. BACALSO AVENUE
Name in Print LEVINTA R. MAGLINTA CEBU CITY
Title of Position M.D. Date MAY 9, 1998

20. INFORMANT
Signature [Signature] Address OPRA UNIT 4, KALINASAN
Name in Print ELISA SURDILLA CEBU CITY
Relationship to the child MOTHER Date MAY 9, 1998

21. PREPARED BY
Signature [Signature]
Name in Print JUSTINA D. CLAUDIO
Title of Position NURSE
Date MAY 9, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print REGINA M. JESUS
Title of Position REGISTRATION OFFICER
Date 6/4/98

For OCRG USE ONLY:
Population Reference No.
1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41
9812157

48
1

49 50
1 090598

58
22148

61
1

62 64
013250

68 69
1 1

70 72 74
01 01 00

78 79
290 15

81
22148

86 87
1 1 0960

88 89
985 34

83
1 10/22/97

84
1 22178
06/09/98