



(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 <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)				
Province <u>CEBU</u>		Registry No. <u>28807</u>		
City/Municipality <u>CEBU CITY</u>				For OCRG USE ONLY: Population Reference No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
1. NAME (First) (Middle) (Last) <u>JADE PATIMA TALAI D ENCARNACION</u>				
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>14 OCTOBER 2006</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUL. 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.		b. 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>SECOND</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,060</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>ROGELIN MALUSAY TALAI D</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>		
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>35</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CASILI HILLS SUBD. MANDAUE CITY CEBU</u>				
13. NAME (First) (Middle) (Last) <u>MELVIN CAINGROY ENCARNACION</u>				
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>PNP</u>		17. Age at the time of this birth: <u>39</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 15, 2000 PINAMUNGAJAN, CEBU</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>6:31</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE FALCON, M.D.</u> Title or Position <u>PHYSICIAN</u>		<u>CEBU PUL. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>OCTOBER 14, 2006</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ROGELIN ENCARNACION</u> Relationship to the child <u>MOTHER</u>		<u>CASILI HILLS SUBD., MANDAUE CITY, CEBU</u> Date <u>OCTOBER 14, 2006</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIANILLA C. BERNANDEZ</u> Title or Position <u>BIRTH RECORD ASSISTANT</u> Date <u>OCTOBER 14, 2006</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>OSCAR B. MOLO</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>OCT 18 2006</u>		

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