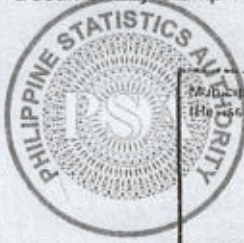


(Copy for OCRG)



Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		<b>REMARKS/ANNOTATION</b>			
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)</small>							
Province <u>CEBU</u>		City/Municipality <u>CEBU CITY</u>		REG. No. <u>2005 32501</u>			
CHILD	1. NAME (First) <u>SAMANTRA NICOLE</u> (Middle) <u>GONZALES</u> (Last) <u>FLORES</u>		For OCRG USE ONLY: Population Reference No. <input type="text"/>				
	2. SEX <u>1 Male</u> <u>2 FEMALE</u>		3. DATE OF BIRTH (day) (month) (year) <u>27</u> <u>OCTOBER</u> <u>2005</u>				
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <small>House No., Street, Barangay</small> ) <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC. CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR				
	5a. TYPE OF BIRTH <u>1 Single</u> <u>2 Twin</u> <u>3 Triplet, etc.</u>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <u>2 Second</u> <u>3 Others, Specify</u>		41 <input type="text"/>		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3,000</u> grams		48 <input type="text"/>		
	6. MAIDEN NAME (First) <u>ROSE</u> (Middle) <u>LIBRES</u> (Last) <u>GONZALES</u>		7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
MOTHER	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>HOUSEWIFE</u>		11. Age at the time of this birth: <u>24</u> years				
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>GOLAN DRIVE, JUAN LUNA AVE., MABOLO, CEBU CITY, CEBU</u>						
FATHER	13. NAME (First) <u>KHALED</u> (Middle) <u>AIQUILOS</u> (Last) <u>FLORES</u>		14. CITIZENSHIP <u>FILIPINO</u>			15. RELIGION <u>ROMAN CATHOLIC</u>	
	16. OCCUPATION <u>EXPEDITER</u>		17. Age at the time of this birth: <u>23</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 25, 2005 CEBU CITY</u>						
19a. ATTENDANT <u>1 Physician</u> <u>2 Nurse</u> <u>3 Midwife</u> <u>4 Hilot (Traditional Midwife)</u> <u>5 Others (Specify)</u>							
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:42</u> o'clock <u>am/pm</u> on the date stated above.							
Signature <u>SANSIAR ENSURO, M.D.</u> Name in Print <u>PHYSICIAN</u> Title or Position _____		Address <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>OCTOBER 27, 2005</u>					
20. INFORMANT Signature <u>ROSE G. FLORES</u> Name in Print <u>MOTHER</u> Relationship to the child _____		Address <u>GOLAN DRIVE, JUAN LUNA AVE. MABOLO, CEBU CITY, CEBU</u> Date <u>OCTOBER 27, 2005</u>					
21. PREPARED BY Signature <u>MARIANITA G. BERNARDEZ</u> Name in Print <u>BIRTH RECORD ASSISTANT</u> Title or Position _____ Date <u>OCTOBER 27, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>J. S. ...</u> Name in Print <u>REGISTRATION OFFICER IV</u> Title or Position _____ Date <u>OCT 27, 2005</u>					

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BEST POSSIBLE IMAGE

*CSM*  
CI AIRE DENNIS S. MAPA Ph D