



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, 6b and 19a.)

Province Cebu 2006 No. 17461
City/Municipality Cebu City

CHILD	1. NAME (First) (Middle) (Last) <u>LYAC</u> <u>GADAYONA</u> <u>KWAK</u>	For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	2. SEX <u>M</u> 1 Male 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>14</u> <u>June</u> <u>2006</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Cebu Doctors' University Hospital</u> <u>Cebu City</u> <u>Cebu</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single 2 Twin 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> 1 First 2 Second 3 Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>First</u>	d. WEIGHT AT BIRTH <u>3,090</u> grams	

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Reneriza</u> <u>Reconalla</u> <u>Cadayona</u>	41 48 49 60 56 61 62 64 68 69 70 72 74 76 79 81 86 87 88 91 93 94	
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>
	9a. Total number of children born alive: <u>01</u>		b. No. of children still living including this birth: <u>01</u>
	9c. No. of children born alive but are now dead: <u>00</u>		
	10. OCCUPATION <u>Student</u>	11. Age at the time of this birth: <u>21</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Arbor Ville Jones St.,</u> <u>Cebu City</u> <u>Cebu</u>		

FATHER	13. NAME (First) (Middle) (Last) <u>Jihun</u> <u>Kwak</u>	76 79 81 86 87 88 91 93 94	
	14. CITIZENSHIP <u>Korean</u>		15. RELIGION <u>Protestant</u>
	16. OCCUPATION <u>Physical Therapist</u>		17. Age at the time of this birth: <u>32</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 16, 2006 Calatrava Municipal Hall, Negros Occidental

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Hilot (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 10:32 am o'clock am/pm on the date stated above.

Signature LORNA DICICCO, M.D. Address Cebu Doctors' University Hospital
Name in Print attending Physician Osmena Blvd., Cebu City
Title or Position _____ Date June 14, 2006

20. INFORMANT
Signature _____ Address Arbor Ville Jones St.,
Name in Print JIHUN KWAK Cebu City
Relationship to the child Father Date June 14, 2006

21. PREPARED BY
Signature _____
Name in Print ERWIN C. MURIZ
Title or Position Medical records clerk
Date June 14, 2006

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print OSCAR B. MULO
Title or Position Registration Officer IV
Date JUN 23 2006