

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

 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.)

Province <u>CEBU</u>		Registry No. <u>99 02885</u>		REMARKS/ANNOTATION
City/Municipality <u>CEBU CITY</u>				
1. NAME (First) (Middle) (Last) <u>TRISHA JANE ROSEL</u>		For OCRG USE ONLY: Population Reference No.		
2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19 January 1999</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Sabellano St., Quiot, Cebu City - Cebu</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others. Specify <u> </u>		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2950</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>JENNIFER dela Cruz ROSEL</u>		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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>		
9c. No. of children born alive but are now dead: <u>0</u>		48 <input type="checkbox"/>		
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>27</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Sabellano St., Quiot, Cebu City - Cebu</u>		49 <input type="checkbox"/> 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13. NAME (First) (Middle) (Last) <u>UNKNOWN</u>		51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14. CITIZENSHIP <u>N.A.</u>		15. RELIGION <u>N.A.</u>		
16. OCCUPATION <u>N.A.</u>		17. Age at the time of this birth: <u>N.A.</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				
19a. ATTENDANT <u> </u> 1 Physician <u> </u> 2 Nurse <u>X</u> 3 Midwife <u> </u> 4 Hilot (Traditional Midwife) <u> </u> 5 Others (Specify) <u> </u>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:50 a.m.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>ANGELITA D. YNCIERTO</u> Title or Position <u>R.M.</u>		Address <u>Sabellano St., Quiot</u> <u>Cebu City</u> Date <u>January 19, 1999</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>JENNIFER ROSEL</u> Relationship to the child <u>Mother</u> Address <u>Sabellano St., Quiot,</u> <u>Cebu City</u> Date <u>January 19, 1999</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ANGELITA D. YNCIERTO</u> Title or Position <u>R.M.</u> Date <u>January 19, 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUELLA N. DEJITO</u> Title or Position <u>CIVIL REGISTRAR GENERAL</u> Date <u>FEB 16 1999</u>		
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CARMELITA N. ERICTA

 Administrator and Civil Registrar General
 National Statistics Office
