(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province: N C R
City/Municipality: PASIG CITY
Registry No.: 2000-25

CHILD

1. NAME (First): JESHIA MARIE (Middle): (Last): POJAS

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): 4 DECEMBER 1999

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

5a. TYPE OF BIRTH: X 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: 2,600 grams

MOTHER

6. MAIDEN NAME (First): JULIET (Middle): PADIOS (Last): POJAS

7. CITIZENSHIP: FILIPINO

8. RELIGION: R C

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: UNEMPLOYED

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 285, RAMIREZ SERRES SUKKUKAN, PACUIG MESRO MANILA

FATHER

13. NAME (First): NA (Middle): (Last):

14. CITIZENSHIP: NA

15. RELIGION: NA

16. OCCUPATION: NA

17. Age at the time of this birth: NA years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

NOT MARRIED

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 7:07 o'clock am/pm on the date stated above.

Signature:
Name in Print: AILEEN G. GEA MD.
Title or Position: CO-OTHER DIRECTOR
Address: RIZAL MEDICAL CENTER PASIG CITY
Date: DECEMBER 4, 1999

20. INFORMANT

Signature:
Name in Print: JULIET POJAS
Relationship to the child: MOTHER
Address: 285 RAMIREZ SERRES SUKKUKAN PACUIG MESRO M.
Date: DECEMBER 8, 1999

21. PREPARED BY

Signature:
Name in Print: JONJANE M. QUITAIN
Title or Position: NOI
Date: DECEMBER 9, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: JULIETA B. JAVIER
Name in Print:
Title or Position: (REGISTRATION OFFICER II)
Date: JAN - 3 2000

FOR OCRG USE ONLY: Tabulation Reference No.

TRANSCRIBED AT THE OFFICE OF THE CIVIL REGISTRAR

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RRoN

Lisa Grace S. Bersales