(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY PSA

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 18a.)

101

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: San Francisco

Registry No. 97-1172

For OCRG USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL

CHILD

1. NAME (First): AINSLEY NHORE (Middle): GONZAGA (Last): UGMAREZ

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) 4 (month) Nov. (year) 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Ricardo L. Taningo Memorial Hospital, (City/Municipality) San Francisco, (Province)

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: 2.9 kg. grams

MOTHER

6. MAIDEN NAME (First): Leonor (Middle): Ordesta (Last): Gonzaga

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: Housewife.

11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) Pob. (City/Municipality) San Francisco, (Province) Cebu

FATHER

13. NAME (First): Nielo (Middle): Otida (Last): Ugmarez

14. CITIZENSHIP: Filipino

15. RELIGION: R.C.

16. OCCUPATION: None

17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
August 29, 1997 Poro, Cebu

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse ___ 3 Midwife
X 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 5:20 P.M. o'clock am/pm on the date stated above.

Signature
Name in Print: LEA S. CELESTIAL, M.D.
Title or Position: Attending Physician
Address: RLMMH, San Francisco, Cebu
Date: Nov. 4, 1997

20. INFORMANT
Signature
Name in Print: NIELO OT. UGMAREZ
Relationship to the child: Father
Address: Pob. San Francisco, Cebu
Date: Nov. 4, 1997

21. PREPARED BY
Signature
Name in Print: Mrs. SOCORRO L. BONHOC
Title or Position: RSW-1
Date: Nov. 4, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print: [illegible]
Title or Position: Local Civil Registrar
Date: 11-6-97

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BEST POSSIBLE IMAGE

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