



(Copy for OCRG)

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 <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 18a.)</small>						
Province <u>Cebu</u>		City/Municipality <u>Cebu City</u>		Registry No. <u>20027054</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>JOHN</u> <u>JOSE</u> <u>RODRIGUEZ</u>		For OCRG USE ONLY: Population Reference No.			
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>4</u> <u>MARCH</u> <u>2002</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>CERU PUER. CENTER & MAT. HOUSE INC., CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
c. BIRTH ORDER (Five births and fetal deaths including this delivery) (first, second, third, etc.) <u>THIRD</u>		d. WEIGHT AT BIRTH <u>3,700</u> grams		41 <u>50207054</u> 48 <input type="checkbox"/> 49 <u>04032002</u> 50		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>GINA</u> <u>CATALAN</u> <u>CORTES</u>		49 <u>04032002</u>			
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>			
	9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>		c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>HUSBAND</u>		11. Age at the time of this birth: <u>32</u> years			
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>SITIO PILLAPI, CAGUNTINGAN, MANDAUE CITY, CEBU</u>		51 <u>32170</u> 52 <u>09</u> <u>3700</u> 54			
	13. NAME (First) (Middle) (Last) <u>SALVADOR</u> <u>BERTRAN</u> <u>RODRIGUEZ JR.</u>		55 <u>09</u> <u>3700</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>			
	16. OCCUPATION <u>EMPLOYEE</u>		17. Age at the time of this birth: <u>38</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 20, 1999 QUEZON CITY, MANILA</u>						
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:50 P.M.</u> o'clock am/pm on the date stated above.						
Signature <u>[Signature]</u> Name in Print <u>MARILUNA BONGALO, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CERU PUER. CENTER & MAT. HOUSE INC., CEBU CITY</u> Date <u>MARCH 4, 2002</u>				
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>GINA RODRIGUEZ</u> Relationship to the child <u>MOTHER</u>		Address <u>SITIO PILLAPI, CAGUNTINGAN, MANDAUE CITY, CEBU</u> Date <u>MARCH 4, 2002</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JOCELYN D. TONG</u> Title or Position <u>CLERK</u> Date <u>MARCH 4, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUELLA N. DEJHO</u> Title or Position <u>REGISTRATION OFFICER-1</u> Date <u>MAR 11 2002</u>				

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 BEST POSSIBLE IMAGE

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 CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

