PHILIPPINE STATISTICS AUTHORITY

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 10a.)

Province: CEBU
City/Municipality:
Registry No. 20046392

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**CHILD**

1. NAME (First) WELLU RAY (Middle) DUCAYAG (Last) BORGONIA
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 27 FEBRUARY 2004
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) CEBU PUER.CENTER & MATERNITY HOUSE,INC. (City/Municipality) CEBU CITY (Province) CEBU
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): SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3,030 grams

**MOTHER**

6. MAIDEN NAME (First) MARIE SHANTILLE (Middle) MIRADOR (Last) DUCAYAG
7. CITIZENSHIP: FIL.
8. RELIGION: ROMAN CATHOLIC
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0
10. OCCUPATION: OFFICE SECRETARY
11. Age at the time of this birth: 20 years
12. RESIDENCE (House No., Street, Barangay) FOREST HILLS, BANAWA (City/Municipality) CEBU CITY (Province) CEBU

**FATHER**

13. NAME (First) RYAN (Middle) VELASCO (Last) BORGONIA
14. CITIZENSHIP: FIL.
15. RELIGION: ROMAN CATHOLIC
16. OCCUPATION: HOUSE DETECTIVE
17. Age at the time of this birth: 22 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JULY 16, 2002 TOLEDO CITY

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 @1:29 o'clock am/pm on the date stated above.
Signature:
Name in Print: DAVAO DECANDIA, M.D.
Title or Position: PHYSICIAN
CEBU PUER.CENTER & MATERNITY HOUSE,INC., CEBU CITY
Date: FEBRUARY 27, 2004

20. INFORMANT
Signature:
Name in Print: MARIE SHANTILLE D. BORGONIA
Relationship to the child: MOTHER
FOREST HILLS, BANAWA CEBU CITY, CEBU
Date: FEB 27, 2004

21. PREPARED BY
Signature:
Name in Print: ARIANILLA C. HERNANDEZ
Title or Position: CLERK
Date: FEBRUARY 27, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: ALEX DIMAILIG P. ABELLO
Title or Position: CITY CIVIL REGISTRAR
Date:

2004 MAR 0 2

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BEST POSSIBLE IMAGE
00500970272

BReN
02217-B04CT03-2

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