

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 2002 14375  
City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>MARY MAY ANDALIS MONZOLIN</u>
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female
	3. DATE OF BIRTH (day) (month) (year) <u>05 MAY 2002</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>

MOTHER	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
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>7TH</u>	d. WEIGHT AT BIRTH <u>2980</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>ROVENA ROTALID ANDALIS</u>	7. CITIZENSHIP <u>FILIPINO</u>
	8. RELIGION <u>ROMAN CATHOLIC</u>	9a. Total number of children born alive: <u>7</u>

FATHER	9b. No. of children still living including this birth: <u>7</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>NONE</u>	11. Age at the time of this birth: <u>35</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BASAK BONTORES CEBU CITY CEBU</u>	13. NAME (First) (Middle) (Last) <u>NICOLAS COLINFLORES MONZOLIN</u>

14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>SECURITY GUARD</u>	17. Age at the time of this birth: <u>40</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 23, 1988 HOLY CROSS PARISH, CEBU CITY</u>	
19a. ATTENDANT <u>X</u> 1 Physician <u>   </u> 2 Nurse <u>   </u> 3 Midwife <u>   </u> 4 Healer (Traditional Midwife) <u>   </u> 5 Others (Specify)	

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 5:41 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address N. BACALSO AVENUE CEBU CITY, CEBU  
Name in Print JUL MARIE S. BOQUIDA Date MAY 5, 2002  
Title or Position M.D.

20. INFORMANT  
Signature [Signature] Address BASAK BONTORES, CEBU CITY, CEBU  
Name in Print ROVENA A. MONZOLIN Date MAY 5, 2002  
Relationship to the child MOTHER

21. PREPARED BY  
Signature [Signature] Address      
Name in Print JUSTINA D. CLAUDIO Date MAY 5, 2002  
Title or Position D.R. NURSE

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Address      
Name in Print LOUELLA W. DEJITO Date MAY 23 2002  
Title or Position REGISTRATION OFFICER

For OCRG USE ONLY: Population Reference No.    

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 40214375

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48 2 50 050500

56 7778

61 7

62 07 64 0707

66 7 68 7

70 07 72 07 74 00

76 290 78 45

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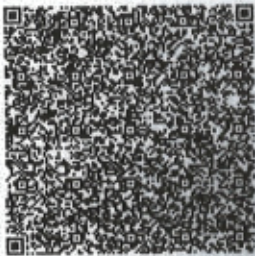
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CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

