PHILIPPINE STATISTICS AUTHORITY

(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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 7, 9a, 9b and 19a.)

Province: CEBU
City/Municipality: CEBU CITY
Registry No.: 2004 11390

CHILD

1. NAME (First): DANIELLE ANNE (Middle): UPIGAI (Last): ERANA
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 7 APRIL 2004
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CEBU (VELEZ) GENERAL HOSPITAL F. RAMOS ST., CEBU 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) (first, second, third, etc.): SECOND
d. WEIGHT AT BIRTH: 3,350 grams

MOTHER

6. MAIDEN NAME (First): ANTONIETTE (Middle): UPIGAL (Last): ERANA
7. CITIZENSHIP: FILIPINO
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: HOUSEWIFE
11. Age at the time of this birth: 20 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): SAN JOSE TALAMBAN PUROK 3 CEBU CITY CEBU

FATHER

13. NAME (First): UNKNOWN (Middle) (Last)
14. CITIZENSHIP: N/A
15. RELIGION: N/A
16. OCCUPATION: N/A
17. Age at the time of this birth: N/A years

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

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 12:58 A.M. o'clock am/pm on the date stated above.
Signature: Francine
Name in Print: FRANCINE V. VASQUEZ
Title or Position: F.D.
Address: CEBU (VELEZ) GENERAL HOSPITAL
Date: APRIL 12, 2004

20. INFORMANT
Signature:
Name in Print: VICTOR
Relationship to the child:
Address: SAN JOSE TALAMBAN PUROK 3, CEBU CITY
Date: APRIL 12, 2004

21. PREPARED BY
Signature: CANDIA J. HONTIGANO
Name in Print: HEAD MEDICAL RECORDS
Title or Position:
Date: APRIL 12, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: EVANGELINE F. ABAPAY
Name in Print: CIVIL REGISTRAR
Title or Position:
Date:

2004 APR 21

08910-11-991CBM-02127-BI001

BEST POSSIBLE IMAGE

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QR500178862

BReN
02217-B04H70F-9

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National Statistician and Civil Registrar General
Philippine Statistics Authority