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(Copy for OCRG)

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 3, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Cebu City

Registry No. 2002 23386

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): Dritninl Mie (Middle): Ople (Last): Pilones

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): Sunday 11 August 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street) (City/Municipality) (Province): Miller Memorial Sanitarium and Hospital 400 Tres de Abril 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 (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2,835 grams

MOTHER

6. MAIDEN NAME (First): Jerielyn (Middle): Ople (Last): Pilones

7. CITIZENSHIP: Filipino

8. RELIGION: UCCP

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:

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

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Panoypoy, Consolacion, Cebu

FATHER

13. NAME (First) (Middle) (Last): Unknown

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.): N/A

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 11:28 o'clock am/pm on the date stated above.

Signature:
Name in Print: Evelyn S. Penito, M.D.,
Title or Position: Attending Physician
Address: 400 Tres de Abril St. Cebu City
Date: Aug. 11, 2002

20. INFORMANT

Signature:
Name in Print: Jerielyn O. Pilones
Relationship to the child: Mother
Address: Panoypoy, Consolacion Cebu
Date: Aug. 11, 2002

21. PREPARED BY

Signature:
Name in Print: Thermaie Joy Kenney
Title or Position: OR Nurse
Date: Aug. 11, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print:
Title or Position:
Date:

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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