



(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 17a.)</small>			
Province <u>Cebu</u>		Registry No. <u>95-12389</u>	
City/Municipality <u>Cebu City</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>NYLI FRANKIL NAVARRO FERNANDEZ</u>	3. DATE OF BIRTH (day) (month) (year) <u>25 May 1995</u>	For OCRG USE ONLY: Population Reference No. <input type="text"/>
	2. SEX <u>1</u> Male <u> </u> Female	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Cebu Puer.Center & Maternity House, Inc., Cebu City, Cebu</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	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	41 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>first</u>	d. WEIGHT AT BIRTH <u>3400</u> grams	48 <input type="text"/>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>SUSANA CAMORO NAVARRO</u>	8. RELIGION <u>Roman Catholic</u>	49 <input type="text"/> 50 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	7. CITIZENSHIP <u>Fil</u>	9a. Total number of children born alive: <u>1</u>	56 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	61 <input type="text"/>
	10. OCCUPATION <u>housewife</u>	11. Age at the time of this birth: <u>29</u> years	62 <input type="text"/> 64 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u> </u> <u> </u> <u> </u> <u>Cebu City</u> <u>Cebu</u>	13. NAME (First) (Middle) (Last) <u>Gregorio F. Ramos Sr. Cebu City. Cebu</u>	65 <input type="text"/> 69 <input type="text"/>
	14. CITIZENSHIP <u>Fil</u>	15. RELIGION <u>Roman Catholic</u>	70 <input type="text"/> 72 <input type="text"/> 74 <input type="text"/>
	16. OCCUPATION <u>carpenter</u>	17. Age at the time of this birth: <u>37</u> years	76 <input type="text"/> 79 <input type="text"/>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Sept. 17, 1994 Cacer, Cebu</u>	19a. ATTENDANT <u> </u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u>X</u> 4 <u> </u> 5 Others (Specify)	81 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:31</u> o'clock am/pm on the date stated above.	Signature <u>[Signature]</u> <u>Cebu Puer.Center & Maternity</u> Name in Print <u>BEODORA OUVANO, M.D.</u> <u>House, Inc., Cebu City</u> Title or Position <u>physician</u> <u> </u> Date <u>May 25, 1995</u>	86 <input type="text"/> 87 <input type="text"/>	
20. INFORMANT Signature <u>[Signature]</u> <u> </u> Name in Print <u>SUSANA FERNANDEZ</u> <u> </u> Relationship to the child <u>clerk</u> <u> </u> Address <u>95-1 F. Ramos St.</u> <u>Cebu City</u> Date <u>May 25, 1995</u>	21. PREPARED BY <u>May 25, 1995</u>	88 <input type="text"/> 91 <input type="text"/>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> <u>NIDA A. NUNEZ</u> Name in Print <u>CLERK III</u> Title or Position <u> </u> Date <u>DATE RC'D JUN 23 1995</u>	93 <input type="text"/> 94 <input type="text"/>	3700 091794 22178 062395	

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Carmelita N. ERICTA
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 Administrator and Civil Registrar General
 National Statistics Office