(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

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 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Cebu City

Registry No. 2000 02832

For OCRG USE ONLY: Population Reference No. 2217-B00C 417-0

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) Rachmyel (Middle) Marson (Last) Simborio
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 04 February 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Sacred Heart Hospital, Urgello St., Cebu City, 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): 3rd (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3380 grams

MOTHER

6. MAIDEN NAME (First) Rosellin (Middle) Dionson (Last) Marson
7. CITIZENSHIP: Filipino
8. RELIGION: R.C.
9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Employee (MEPZA)
11. Age at the time of this birth: 28 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 72 F Salvador St., Labangon, Cebu City, Cebu

FATHER

13. NAME (First) Reynaldo (Middle) dela Cerna (Last) Simborio
14. CITIZENSHIP: Filipino
15. RELIGION: R.C.
16. OCCUPATION: Practice Eng'r.
17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 25, 1992 Labangon, Cebu City, Cebu

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 4:10 P.M. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: ZIN MARIE BEQUIDA, M.D.
Title or Position: Attending Physician
Address: C/O Sacred Heart Hospital, Urgello St., Cebu City
Date: February 4, 2000

20. INFORMANT
Signature: [signature]
Name in Print: ROSELLIN M. SIMBORIO
Relationship to the child: mother
Address: 72 F Salvador St., Labangon, Cebu City, Cebu
Date: February 4, 2000

21. PREPARED BY
Signature: [signature]
Name in Print: MRS. PAMELA A. DACLAN, R.N.
Title or Position: Charge Nurse
Date: February 4, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NOEL NOLA CERNA
Title or Position: CLERK I
Date: FEB 1 2000

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BEST POSSIBLE IMAGE

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National Statistician and Civil Registrar General
Philippine Statistics Authority