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

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Lapu-lapu City
Registry No. 2000-5834

For OCRG USE ONLY: Population Reference No. 2000-B00SV02-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): Jhay Rheo (Middle): Ricaborda (Last): Chavez

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) 29 (month) Sept. (year) 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Mactan Community Hospital, Basak, Lapu-lapu 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) 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH: 1,950 grams

MOTHER

6. MAIDEN NAME (First): Jebbob (Middle): Ricaborda (Last): Chavez

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

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: Employee

11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Dasuma Lutopan, Toledo City, Cebu

FATHER

13. NAME (First) (Middle) (Last): N/A

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 X 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 3:20 o'clock a.m./p.m. on the date stated above.

Signature: [signature]
Name in Print: Chuchi Quijano, M.D.
Title or Position: Attending Physician
Address: c/o Mactan Community Hospital, Basak, Lapu-lapu City, Cebu
Date: Sept. 29, 2000

100827

20. INFORMANT

Signature: [signature]
Name in Print: Jebbob R. Chavez
Relationship to the child: Mother
Address: Dasuma Lutopan, Toledo City, Cebu
Date: Sept. 29, 2000

21. PREPARED BY

Signature: [signature]
Name in Print: Mr. Patrick John Magallon
Title or Position: Med. Records Clerk
Date: Sept. 29, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: Mrs. Eliza P. Icong
Title or Position: City Civil Registrar
Date: Sept. 29, 2000

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BEST POSSIBLE IMAGE

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BReN 02226-B00SV03-3

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority