



(Copy for CGRS)

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, 6b and 10a.)

Province CEBU Registry No. 2000 21555

City/Municipality CEBU CITY

1. NAME (First) DIWA (Middle) (Last) SACMAY

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 14 August 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) VICTOR E. SOTTO MEMORIAL WED. CENTER CEBU CITY

5a. TYPE OF BIRTH 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.) 2nd d. WEIGHT AT BIRTH 2502 grams

6. MAIDEN NAME (First) (Middle) (Last) RICHEL SACMAY

7. CITIZENSHIP FILIPINO 8. RELIGION R. 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 None 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) BARAG I CEBU CITY CEBU

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.) not applicable

19a. ATTENDANT 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 5:45 am o'clock am/pm on the date stated above.

Signature DR. SACMAY, OPILES Address VSMCO CEBU CITY
Name in Print Physician Date 14 August 2000

20. INFORMANT
Signature R. Sacmay Address BARAG I CEBU CITY CEBU
Name in Print RICHEL SACMAY Date 14 August 2000
Relationship to the child Mother

21. PREPARED BY
Signature WILLA WELLA WELLA
Name in Print WILLA WELLA WELLA
Title or Position Nurse
Date 14 August 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature AGNES C. DENAPO
Name in Print AGNES C. DENAPO
Title or Position CLERK
Date AUG 14 2000

REMARKS/ANNOTATION
For CGRS USE ONLY: Population Reference No. 2217-B00RE10-4
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
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