



(Copy for OCTO)

Form No. 102
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 10a.)

Province <u>CEBU</u>		Registry No. <u>20031054</u>	
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>ANTHEA MARIE MONTESGRANDE DY</u>			
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>18 DECEMBER 2002</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CHONG HUA HOSPITAL CEBU CITY CEBU</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,500</u> grams	
6. MOTHER'S NAME (First) (Middle) (Last) <u>KIRSTINE JUDITH DEBANO MONTESGRANDE</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>Two</u>		9b. No. of children (living including this birth): <u>two</u>	
		9c. No. of children born alive but are now dead: <u>None</u>	
10. OCCUPATION <u>GROUP MANAGER</u>		11. Age at the time of this birth: <u>31</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>3rd DOOR MONTESGRANDE APT. SECTION, MAGUIBAY, MANDAUE CITY</u>			
13. FATHER'S NAME (First) (Middle) (Last) <u>CEBU</u> <u>JOHN TAN DY</u>			
14. CITIZENSHIP <u>CHINESE</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>FINANCE OFFICER</u>		17. Age at the time of this birth: <u>41</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>DECEMBER 20, 1995, CEBU CITY, CEBU</u>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Midol (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:24 A.M.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>MRS. TERESA A. LEE M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>c/o Chong Hua Hospital, Fuente Osmeña Cebu City</u> Date <u>December 21, 2002</u>	
Signature <u>[Signature]</u> Name in Print <u>JOHN TAN DY</u> Relationship to Informant <u>FATHER</u>		Address <u>3rd Door, Montesgrande Apt. Section, Maguibay, Mandaue City, Cebu</u> Date <u>December 21, 2002</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BERNARDINA I. GERONA</u> Title or Position <u>CLERK</u> Date <u>December 21, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>OSCAR B. MOLO</u> Name in Print <u>Registration Officer IV</u> Title or Position <u>JAN 10 2003</u> Date	

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CLAIRE DENNIS S. MAPA, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

