(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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province: CEBU
City/Municipality: CEBU CITY

2003 - 25334

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): ANGELICA (Middle): (Last): LACIO

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): 2 SEPTEMBER 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CEBU PUER. CENTER & MATERNITY HOUSE,INC.,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): SECOND (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3,100 grams

MOTHER

6. MAIDEN NAME (First): CHARITO (Middle): BALILI (Last): LACIO

7. CITIZENSHIP: FILIPINO

8. RELIGION: ROMAN 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: PRODUCTION OPERATOR

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 361 CANIPA ST., HIPODROMO, CEBU CITY CEBU

FATHER

13. NAME (First) (Middle) (Last): [redacted]

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: 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 8:58 o'clock am/pm on the date stated above.

Signature:
Name in Print: MARIE LOUISE JANET TABLIP, M.D.
Title or Position: PHYSICIAN
Address: CEBU PUER. CENTER & MAT. HOUSE,INC.,CEBU CITY
Date: SEPTEMBER 2, 2003

20. INFORMANT

Signature:
Name in Print: CHARITO B. LACIO
Relationship to the child: MOTHER
Address: 361 CANIPA ST.,HIPODROMO, CEBU CITY
Date: SEPTEMBER 2, 2003

21. PREPARED BY

Signature:
Name in Print: VIVIAN V. MAGNACON
Title or Position: CLERK
Date: SEPTEMBER 2, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print: EVANGELINE ABATAYO
Title or Position: CIVIL REGISTRAR
Date: 2003 SEP 08

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