



(Copy for OCRG)

Municipality 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 <u>Cebu</u> City/Municipality <u>Cebu City</u>			Registry No. <u>2002 11213</u>		
CHILD	1. NAME (First) (Middle) (Last) JASON RADIGOS ANGA		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) 5 April 2002		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay VICENTE BOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU				
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) 1ST (first, second, third, etc.)		d. WEIGHT AT BIRTH 3232 grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) CIRLA CAÑETE RADIGOS		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	7. CITIZENSHIP FILIPINO		8. RELIGION R.C.		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION HOUSEWIFE		11. Age at the time of this birth: <u>32</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) CENTRO PERELOS, CARCAR, CEBU				
FATHER	13. NAME (First) (Middle) (Last) RUEL CARABACA ANGA		48 <input type="checkbox"/>		
	14. CITIZENSHIP FI		15. RELIGION R.C.		
	16. OCCUPATION LABORER		17. Age at the time of this birth: <u>32</u> years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JUNE 11, 1999 - MANTALONGON, CEBU				
	19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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>7:30 PM</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print LARAY REYES, M.D. Title or Position MEDICAL OFFICER II		Address VMHC, CEBU CITY Date April 5, 2002			
20. INFORMANT Signature <u>[Signature]</u> Name in Print CIRLA R. ANGA Relationship to the MOTHER		Address Centro Perelos, Carcar, Cebu Date April 5, 2002			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print FLORINA JAYA Title or Position NURSE I Date April 5, 2002		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print LOUELLAN DELITO Title or Position Registration Officer II Date April 5, 2002			
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

