



Municipal Form No. 102  
Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines  
**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>		Registry No. <u>94-1915</u>		REMARKS/ANNOTATION  LATE REGISTRATION
City/Municipality <u>Minglanilla</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>QUYEN GRACER RAMIREZ</u>			
	2. SEX <u>1 Male</u> <input checked="" type="checkbox"/> <u>2 Female</u>		3. DATE OF BIRTH (day) (month) (year) <u>28 JULY 1994</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Ward 4, Poblacion, Minglanilla, Cebu</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 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) <u>second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2500</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Analisa P. Ramirez</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>	
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>24</u> years.	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Ward 4, Poblacion, Minglanilla, Cebu</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>Rolando P. Ramirez</u>			
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: _____ years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS. (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back). <u>September 10, 1992 Siaton, Negros Oriental</u>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Medicine) <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 _____ o'clock am/pm on the date stated above. Signature: _____ Address: <u>MSU, Minglanilla, Cebu</u> Name in Print: <u>ROSSANA BERRIO</u> Title or Position: <u>Midwife</u> Date: <u>October 3, 1994</u>				
20. INFORMANT Signature: <u>Analiza Ramirez</u> Address: <u>Ward 4, Poblacion, Minglanilla, Cebu</u> Name in Print: <u>ANALIZA G. RAMIREZ</u> Date: <u>October 3, 1994</u> Relationship to the child: <u>MOTHER</u>				
21. PREPARED BY Signature: _____ Name in Print: <u>FERDINAND DE GUZA</u> Title or Position: <u>Clerk</u> Date: <u>October 3, 1994</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: _____ Name in Print: <u>ESTRELLA Y. SERRANON</u> Title or Position: <u>Registration Office</u> Date: <u>October 3, 1994</u>		

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BEST POSSIBLE IMAGE



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



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