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(Copy for OCRG)

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, 9a, 9b and 19a.)

REMARKS/ANNOTATION

1 - FETAL DEATH

Province: CEBU
City/Municipality: CEBU CITY

Registry No. 2000 15804

For OCRG USE ONLY: Population Reference No. 2217 - B00L619-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) KARYL LEIGH (Middle) TURDAG (Last) FERERAL

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 16 JUNE 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): PERPETUAL SUCCOUR HOSPITAL (City/Municipality): CEBU CITY (Province): 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 total deaths including this delivery): THIRD (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3289 grams

MOTHER

6. MAIDEN NAME (First) ELSA (Middle) YAUN (Last) TUNDAG

7. CITIZENSHIP: FILIPINO

8. RELIGION: 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: HOUSEKEEPER

11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): SITIO KALUBIHAN, UMAPAD, MANDAUE CITY

FATHER

13. NAME (First) FRANKLIN (Middle) PETRAS (Last) FERERAL

14. CITIZENSHIP: FILIPINO

15. RELIGION: CATHOLIC

16. OCCUPATION: SECURITY GUARD

17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
AUGUST 15, 1992 - MEDELLIN, CEBU

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 10:40 AM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: VIRGINIA VILLEGAS, M.D.
Title or Position: ATTENDING PHYSICIAN
Address: C/O PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY
Date: JUNE 17, 2000

20. INFORMANT
Signature: [signature]
Name in Print: FRANKLIN P. FERERAL
Relationship to the child: FATHER
Address: SITIO KALUBIHAN, UMAPAD, MANDAUE CITY
Date: JUNE 19, 2000

21. PREPARED BY
Signature: [signature]
Name in Print: MARY ARLENE T. CALDINO
Title or Position: MEDICAL RECORD CLERK
Date: JUNE 17, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: [illegible]
Title or Position: [illegible]
Date: JUN 23 2000

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