(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, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Mandaue city
Registry No. 99-4628

For OCRG USE ONLY: Population Reference No. 7207-0

CHILD

1. NAME (First) LEMUEL (Middle) MEMORACION (Last) OHAGAN
2. SEX: ✓ 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 9 Dec 1999
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CIM-CMSS Pakiwan, Mandaue city
5a. TYPE OF BIRTH: ✓ 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify 4th
c. BIRTH ORDER (live births and fetal deaths including this delivery): 4th (first, second, third, etc.)
d. WEIGHT AT BIRTH: 1361 kilograms

MOTHER

6. MAIDEN NAME (First) JOSEFINA (Middle) VILLACORTA (Last) MEMORACION
7. CITIZENSHIP: Filipino
8. RELIGION: RC
9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Govt. employee
11. Age at the time of this birth: 37 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Tabok, Mandaue city

FATHER

13. NAME (First) REYNALDO (Middle) (Last) OHAGAN
14. CITIZENSHIP: Filipino
15. RELIGION: RC
16. OCCUPATION: Driver
17. Age at the time of this birth: 39 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Nov. 17, 1988 - Cebu city

19a. ATTENDANT
✓ 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 6:20 o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: GERARD GASENDO, M.D.
Title or Position: Hosp. Supervisor
Address: Pakiwan, Mandaue
Date: Dec. 9, 1999

20. INFORMANT
Signature: [signature]
Name in Print: Josefina Ohagan
Relationship to the child: Mother
Address: Tabok, Mandaue
Date: Dec 9, 1999

21. PREPARED BY
Signature: [signature]
Name in Print: F.M. Albano
Title or Position: Clerk
Date: Dec. 9/99

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: LAVIANA G. [illegible]
Title or Position: City Civil Registrar
Date: DEC 1 2 1999

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 1 3 2 4
48: 1
49: 1
50: 0 2 1 2 9 9
56: 3 0 1
61: 1
62: 1
64: 1 3 6 1
68: 1
69: 1
70: 0 0
72: 0 0
74: 0 0
76: X 2 0
79: 3 7
81: 2 2 3 0 1
86: 1
87: 1
88: 9 8 5
91: 3 9
93: 1
94: 1

000059

NATIONAL STATISTICS OFFICE NSO