

(Copy for OCRG)



Form No. 102
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 10a.)

Province Cebu Registry No. 99 32899
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
BOBBY HANS DELA PIBA OCTAVIANO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
21 Dec. 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) Cebu Doctors' Hospital Cebu City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
2nd. (first, second, third, etc.) 3,345 grams

6. MAIDEN NAME (First) (Middle) (Last)
Emelia Rongason Dela Pina

7. CITIZENSHIP Filipino 8. RELIGION Protestant

9a. Total number of children born alive: 02 b. No. of children still living including this birth: 02 c. No. of children born alive but are now dead: 00

10. OCCUPATION Housewife 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
4-A Cabantian St., Mabolo Cebu City Cebu

13. NAME (First) (Middle) (Last)
Bobby Cabahug Octaviano

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Seaman - Marine Engr. 17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
April 14, 1996, Gun-ob, Lapulapu City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 8:30 P.M. o'clock am/pm on the date stated above.

Signature F. Mallon-Almey, M.D. Address Cebu Doctors' Hospital
Name in Print F. Mallon-Almey, M.D. Omaha Blvd., Cebu City
Title or Position Attending Physician Date Dec. 21, 1999

20. INFORMANT
Signature Emelia Octaviano Address Mabolo
Name in Print Emelia Octaviano Cebu City
Relationship to the child Mother Date Dec. 21, 1999

21. PREPARED BY
Signature Des B. Nistorio
Name in Print Des B. Nistorio
Title or Position Medical Records Clerk
Date Dec. 21, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date _____

REMARKS/ANNOTATION
[Handwritten notes and stamps in the right margin, including dates and numbers.]

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

