(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

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 16a.)

REMARKS/ANNOTATION

Province: CEBU
City/Municipality: CEBU CITY
Registry No. 96-70821

FOR OCRG USE ONLY: Registration Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): AIYA (Middle): MENDOZA (Last): LAPERA
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year): 9 MAY 1996
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): CEBU PUER. CENTER & MAT. HOUSE INC. (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 fetal deaths including this delivery): FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH: 2800 grams

MOTHER

6. MAIDEN NAME (First): ELEANOR (Middle): LAURENTE (Last): MENDOZA
7. CITIZENSHIP: FIL.
8. RELIGION: BAPTIST
9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0
10. OCCUPATION: SOCIAL WORKER
11. Age at the time of this birth: 33 years
12. RESIDENCE (House No., Street, Barangay): 19 B RODRIGUEZ EXT. (City/Municipality): CEBU CITY (Province): CEBU

FATHER

13. NAME (First): JOEL (Middle): PEÑA (Last): LAPERA
14. CITIZENSHIP: FIL.
15. RELIGION: BAPTIST
16. OCCUPATION: EMPLOYEE
17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): MARCH 28,1995 BANILAD,CEBU CITY

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 3:24 p.m. o'clock on the date stated above.
Signature:
Name in Print: RHODORA CHANG,M.D.
Title or Position: physician
Address: CEBU PUER. CENTER & MAT. HOUSE INC., CEBU CITY
Date: MAY 9,1996

20. INFORMANT
Signature:
Name in Print: ELEANOR M. LAPERA
Relationship to the child: mother
Address: 19 B RODRIGUEZ EXT. CEBU CITY
Date: MAY 9,1996

21. PREPARED BY
Signature:
Name in Print: MARTANILLA C. HERNANDEZ
Title or Position: clerk
Date: MAY 9,1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: MEDA A. PULIDO
Name in Print:
Title or Position:
Date: MAY 14 1996

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