



(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 Cebu City Registrar No. 2002 29052

CHILD	1. NAME (First) <u>ARJEN</u> (Middle) (Last) <u>ESOLA</u>	
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH <u>15</u> (day) <u>September</u> (month) <u>2002</u> (year)
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Sudlon 11</u> <u>Cebu City</u> <u>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>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,500</u> grams
MOTHER	6. MAIDEN NAME (First) <u>Jennifer</u> (Middle) <u>Miracel</u> (Last) <u>ESOLA</u>	
	7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>R.C</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>
	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Sudlon 11</u> <u>Cebu City</u> <u>Cebu</u>		
FATHER	13. NAME (First) <u>Ariel</u> (Middle) <u>Gumhin</u> (Last) <u>ERASA</u>	
	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>R.C</u>
	16. OCCUPATION <u>Helper Mechanic</u>	
17. Age at the time of this birth: <u>21</u> years		

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

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 7:20 pm o'clock am/pm on the date stated above.

Signature Francisco Serrate Address Sudlon 11, Cebu City
Name in Print Francisco Serrate
Title or Position Hilot Date September 16, 2002

20. INFORMANT
Signature JENNIFER Address Sudlon 11, Cebu City
Name in Print Jennifer Esola
Relationship to the child Mother Date September 16, 2002

21. PREPARED BY
Signature _____
Name in Print _____
Title or Position _____
Date September 16, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature LOUELLA R. DEJITO
Name in Print LOUELLA R. DEJITO
Title or Position REGISTRATION OFFICER-10
Date OCT 14 2002

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

