



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 **2004 No. 11842**

CHILD	1. NAME (First) (Middle) (Last) <b>MARY ANNILO ASTILLO EBO</b>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>09 APRIL 2004</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <b>VIGENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU</b>		
	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
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <b>SECOND</b> (first, second, third, etc.)		d. WEIGHT AT BIRTH <b>3203</b> grams
	6. MAIDEN NAME (First) (Middle) (Last) <b>MA. AGNES GANO ASTILLO</b>		
	7. CITIZENSHIP <b>FILIPINO</b>		8. RELIGION <b>ROMAN CATHOLIC</b>
	9a. Total number of children born alive: <b>2</b>	b. No. of children still living including this birth: <b>2</b>	c. No. of children born alive but are now dead: <b>0</b>
10. OCCUPATION <b>HOUSEWIFE</b>			11. Age at the time of this birth: <b>29</b> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>PARAG, LAPU-LAPU CITY, CEBU</b>			
FATHER	13. NAME (First) (Middle) (Last) <b>LUDIO AYING EBO</b>		
	14. CITIZENSHIP <b>FILIPINO</b>		15. RELIGION <b>ROMAN CATHOLIC</b>
	16. OCCUPATION <b>TRICYCLE DRIVER</b>		17. Age at the time of this birth: <b>39</b> years

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48

49 50

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61

62 64

65 69

70 72 74

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86 87

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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.)  
**JANUARY 10, 2002 LABANGON, CEBU CITY, CEBU**

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 **3:42 A.M.** o'clock am/pm on the date stated above.

Signature [Signature] Address VSMPO  
Name in Print MICHELLE ANNE DY M.D. Date APRIL 09, 2004  
Title or Position MEDICAL OFFICER III

20. INFORMANT  
Signature [Signature] Address PARAG, LAPU-LAPU CITY, CEBU  
Name in Print MA. AGNES A. EBO Date APRIL 09, 2004  
Relationship to the child MOTHER

21. PREPARED BY  
Signature [Signature]  
Name in Print JACKEL LOSHARA  
Title or Position NURSE I  
Date APRIL 09, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print DR. EVANGELINE T. ABAYAR  
Title or Position CITY CIVIL REGISTRAR

2004 APR 23

08364-B3-400GQC-00282-BI002

BEST POSSIBLE IMAGE



T400083644000028211252022002  
EQ 100620563

BReN  
02217-B04H90D-2

Documentary  
Stamp Tax Paid

*CSM*

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

