

(Copy for OCRG)



Municipal Form No. 102 (Revised 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 19a.)							
Province <u>Cebu</u>			Registry No. <u>2002 675</u>				
City/Municipality <u>Naga</u>							
CHILD	1. NAME (First) (Middle) (Last) <u>JESSEL</u> <u>GIOCA</u> <u>VILLARMEA</u>		For OCRG USE ONLY: Population Reference No.				
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>04</u> <u>April</u> <u>2002</u>				
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>House No., Street, Barangay</u> <u>South Pob</u> <u>Naga</u> <u>Cebu</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3500</u> grams		48 <input type="checkbox"/>		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Lilia</u> <u>Bacalso</u> <u>Gioca</u>		49 <input type="checkbox"/> 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>		55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	9a. Total number of children born alive: <u>1</u>		9b. No. of children still living including this birth: <u>1</u>		9c. 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>19</u> years		61 <input type="checkbox"/>		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Gawaygaway</u> <u>Naga</u> <u>Cebu</u>		62 <input type="checkbox"/> 64 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
FATHER	13. NAME (First) (Middle) (Last) <u>Wilson</u> <u>Dayondon</u> <u>Villarnea</u>		65 <input type="checkbox"/> 68 <input type="checkbox"/>				
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>		70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 <input type="checkbox"/>		
	16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>19</u> years		76 <input type="checkbox"/> 78 <input type="checkbox"/>		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 09, 2001- Uling Ngga, Cebu</u>					81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					86 <input type="checkbox"/> 87 <input type="checkbox"/>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9.45</u> o'clock am/pm on the date stated above.					88 <input type="checkbox"/> 91 <input type="checkbox"/>		
Signature <u>[Signature]</u> Name in Print <u>Sayson, SMO</u> Title or Position <u>RN</u> Date <u>April 08, 2002</u>		Address <u>Naga, Cebu</u>		93 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Signature <u>Lilia Villarnea</u> Name in Print <u>Lilia Villarnea</u> Relationship to the child <u>Mother</u>		Address <u>Naga, Cebu</u> Date <u>April 08, 2002</u>		96 <input type="checkbox"/> <input type="checkbox"/>			
Signature <u>[Signature]</u> Name in Print <u>Sayson, SMO</u> Title or Position <u>RN</u> Date <u>April 08, 2002</u>		Signature <u>[Signature]</u> Name in Print <u>URITA A. BALBUENA</u> Title or Position <u>MIN. CIVIL REGISTRAR</u> Date <u>NAGA, CEBU</u>		99 <input type="checkbox"/> <input type="checkbox"/>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR APR 09 2002		000112		2			

06632-H0-400ILK-00942-BI001

BEST POSSIBLE IMAGE



T400066324000094202272018001

XL500207755

BRen

02234-B02H405-9

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

