(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: CEBU
City/Municipality: CEBU CITY

Registry No. 2004 36624

For OCRG USE ONLY: Registration Approval No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First): GLAZEL (Middle): VILLAGRERA (Last): GONGOTA

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year): 30 OCTOBER 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): DR. ANTONIO MOTHER & CHILD HOSPITAL, BARAK, SAN NICOLAS, CEBU CITY

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) 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2050 grams

MOTHER

6. MAIDEN NAME (First): RIZA LEAH (Middle): PORTIN (Last): VILLAGRERA

7. CITIZENSHIP: FIL.

8. RELIGION: R.C.

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION: PRODATA STAFF

11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): QUIOT, SITIO, STO. NIÑO, CEBU CITY

FATHER

13. NAME (First): GIOVANI (Middle): GONGOTA (Last): GONGOTA

14. CITIZENSHIP: FIL.

15. RELIGION: R.C.

16. OCCUPATION: PRODATA QUALITY ASSURANCE STAFF

17. Age at the time of this birth: 22 years

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

FEBRUARY 15, 2003 – SAN NICOLAS PARISH CHURCH, SAN NICOLAS, 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 7:06 A.M. o'clock am/pm on the date stated above.

Signature:
Name in Print: DR. HOS. CORNESA O. GINES
Title or Position: MEDICAL OFFICER III
Address: SANGH-BAGAY, SAN NICOLAS CEBU CITY
Date: OCTOBER 30, 2004

20. INFORMANT

Signature:
Name in Print: RIZA LEAH V. GONGAGA
Relationship to the child: MOTHER
Address: QUIOT, SITIO STO. NIÑO CEBU CITY
Date: OCTOBER 30, 2004

21. PREPARED BY

Signature:
Name in Print: GARDICE ANN O. TIRANDO
Title or Position: NURSE II
Date: OCTOBER 30, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print: OSCAR B. INGLE
Title or Position: Registration Officer IV
Date: 2004 NOV 25

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BEST POSSIBLE IMAGE

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