



(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.)

Province CEBU City/Municipality CEBU CITY Registry No. 2001 27456

CHILD	1. NAME (First) <u>JESSA</u> (Middle) <u>GANDOL</u> (Last) <u>JUNIO</u>	REMARKS/ANNOTATION	
	2. SEX <u>X</u> 1 Male <u>2</u> Female		3. DATE OF BIRTH (day) <u>21</u> (month) <u>SEPT.</u> (year) <u>2001</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>CEBU CITY MEDICAL CENTER</u> (City/Municipality) <u>CEBU CITY</u> (Province) <u>CEBU</u>		For OCRG USE ONLY: Population Reference No. [] [] [] [] [] [] [] [] [] []
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>4TH</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3960</u> grams	
	6. MAIDEN NAME (First) <u>NONATA</u> (Middle) <u>REPUNTE</u> (Last) <u>GANDOL</u>	41 [] [] [] [] [] [] [] [] [] []	
	7. CITIZENSHIP <u>FIL.</u>	48 80 [] [] [] [] [] [] [] [] [] []	
	8. RELIGION <u>R.C.</u>	58 [] [] [] [] [] [] [] [] [] []	
FATHER	9a. Total number of children born alive: <u>4</u>	b. No. of children still living including this birth: <u>4</u>	
	c. No. of children born alive but are now dead: <u>0</u>	61 [] [] [] [] [] [] [] [] [] []	
	10. OCCUPATION <u>NONE</u>	11. Age at the time of this birth: <u>30</u> years	
	12. RESIDENCE (House No., Street, Barangay) <u>JERUSALEM BUHISAN</u> (City/Municipality) <u>CEBU CITY</u> (Province) <u>CEBU</u>	62 64 [] [] [] [] [] [] [] [] [] []	
13. NAME (First) <u>PABLO</u> (Middle) <u>JABONERO</u> (Last) <u>JUNIO JR.</u>	68 69 [] [] [] [] [] [] [] [] [] []		
14. CITIZENSHIP <u>FIL.</u>	15. RELIGION <u>R.C.</u>	70 72 74 [] [] [] [] [] [] [] [] [] []	
16. OCCUPATION <u>MESSENGER</u>	17. Age at the time of this birth: <u>28</u> years	78 79 [] [] [] [] [] [] [] [] [] []	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 25, 1995 NAGA, CEBU</u>		81 [] [] [] [] [] [] [] [] [] []	
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)		86 87 [] [] [] [] [] [] [] [] [] []	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:21</u> A.M. o'clock am/pm on the date stated above. Signature <u>Maria Cipriano D. Esperon</u> Address <u>N. BACALSO AVENUE</u> Name in Print <u>MARIA CIPRIANO D. ESPERON</u> City/Municipality <u>CEBU CITY, CEBU</u> Title or Position <u>M.D.</u> Date <u>SEPT. 21, 2001</u>		88 91 [] [] [] [] [] [] [] [] [] []	
20. INFORMANT Signature <u>Nonata Junio</u> Address <u>JERUSALEM BUHISAN</u> Name in Print <u>NONATA JUNIO</u> City/Municipality <u>CEBU CITY, CEBU</u> Relationship to the child <u>MOTHER</u> Date <u>SEPT. 21, 2001</u>		93 [] [] [] [] [] [] [] [] [] []	
21. PREPARED BY Signature <u>Virna Managanao</u> Name in Print <u>VIRNA MANAGANAO</u> Title or Position <u>D.R. NURSE</u> Date <u>SEPT. 21, 2001</u>		94 [] [] [] [] [] [] [] [] [] []	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>REGISTRATION OFFICER</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>SEPT. 21, 2001</u>		000145	

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

