



Form No. 102  
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, 3a, 3b and 19a.)

2760

REMARKS/ANNOTATIONS

Province CEBU Registry No. 16 24 30  
City/Municipality TOLEDO CITY

1. NAME (First) (Middle) (Last)  
IVOUNE MILHOZA RIVERAL

2. SEX  Male  Female 3. DATE OF BIRTH (day) (month) (year)  
23 Sept. 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) Cabito-anan Toledo City Cebu

5a. TYPE OF BIRTH  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) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH  
3863 grams

6. MAIDEN NAME (First) (Middle) (Last)  
EMEL MILHOZA

7. CITIZENSHIP FILIPINO 8. RELIGION CATH

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION H.K. 11. Age at the time of this birth: \_\_\_\_\_ years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Cabito-anan Toledo City Cebu

13. NAME (First) (Middle) (Last)  
IGNACIO RIVERAL

14. CITIZENSHIP FILIPINO 15. RELIGION CATH

16. OCCUPATION Sec. Guard 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
May 3, 1996 Cebu City

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 11:00 a.m. o'clock  
am/pm on the date stated above.

Signature [Signature] Address \_\_\_\_\_  
Name in Print CRISTINA TORRESA  
Title or Position Midwife Date \_\_\_\_\_

20. INFORMANT  
Signature [Signature] Address \_\_\_\_\_  
Name in Print EMEL M. RIVERAL  
Relationship to the child mother Date 9-27-96

21. PREPARED BY  
Signature [Signature] Address \_\_\_\_\_  
Name in Print REGISTRAR GENERAL  
Title or Position \_\_\_\_\_ Date 9-27-96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Address \_\_\_\_\_  
Name in Print MARION GARDIA  
Title or Position REGISTRATION OFFICER  
Date 9-27-96

For OCRG USE ONLY  
Population Reference No.  
775-896763-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

47 9 0 0 1 3 0

48

49 2 50 1 3 0 9 9 6

56 0 0 0 0

61

62  64 0 0 0 0 0

66  68

70  72  74

76  78

81 0 0 0 0

85  87

88  91

93

94 3