



(Copy for OCRG)

Local 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 Registry No. 97-22518

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
JUNE CHRISTOPHER BORGONIA MENDOZA

2. SEX XX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
07 SEPTEMBER 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 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) d. WEIGHT AT BIRTH
FIRST (first, second, third, etc.) 3,000 grams

6. MAIDEN NAME (First) (Middle) (Last)
MA. CRISTINA PANTILAGAN BORGONIA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: ONE b. No. of children still living including this birth: ONE c. No. of children born alive but are now dead: NONE

10. OCCUPATION TELEPHONE OPERATOR 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
TUGONGAN CONSOLACION CEBU

13. NAME (First) (Middle) (Last) ERNESTO ABINSOG MENDOZA JR.

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION BANK EMPLOYEE 17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 8, 1997; CEBU CITY, CEBU

19a. ATTENDANT XX 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 8:11 A.M. o'clock am/pm on the date stated above.

Signature Virginia V. Villegas Address c/o Chong Hua Hospital
Name in Print VERGINIA V. VILLEGAS, M.D.
Title or Position Attending Physician Date September 10, 1997

20. INFORMANT
Signature M.A. Cristina B. Mendoza Address Tugongan, Consolacion, Cebu
Name in Print M.A. CRISTINA B. MENDOZA
Relationship to the child MOTHER Date September 10, 1997

21. PREPARED BY
Signature Ma. Magdalena N. Rias
Name in Print MA. MAGDALENA N. RIAS
Title or Position Clerk-Record Section
Date September 10, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature EVELYN A. ABADILLA
Name in Print EVELYN A. ABADILLA
Title or Position CLERK
Date OCT 01 1997

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 07 22 18

42 01 30 00

43 07 09 97

44 07 17 8

45 01 30 00

46 01 01 00

47 07 0 24

48 07 19 4

49 07 1 29 30

50 07 1 21

51 07 1 21

52 07 1 21

53 07 1 21

54 07 1 21