



Copy for OCRG

National Form No. 102 (Revised January 1983)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (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>97-32747</u>		
City/Municipality <u>CEBU CITY</u>				
1. CIVIL NAME (First) <u>MARK ROSE</u> (Middle) <u>BIROY</u> (Last) <u>MATILDO</u>				For OCRG USE ONLY Population Reference No.
2. (SEX) <u>Male</u>		3. DATE OF BIRTH (day) (month) (year) <u>10 DECEMBER 1997</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>METRO CEBU COMMUNITY HOSPITAL, CEBU CITY CEBU</u>				TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
5a. TYPE OF BIRTH <u>Single</u>		b. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Triplet, etc. 3. Others, Specify		41
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3100</u> grams		42
6. MAIDEN NAME (First) <u>ROSLINDA</u> (Middle) <u>LAGUNA</u> (Last) <u>BURDY</u>				43 44
7. CITIZENSHIP <u>PHILIPPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		45
9a. Total number of children born alive <u>3</u>		b. No. of children still living including this birth <u>3</u>		46
		c. No. of children born alive but are now dead <u>0</u>		47
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth <u>30</u> years		48
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>25 BINAKAYAN ST. COR. MABINI COLON ST., CEBU CITY</u>				49 50
13. NAME (First) <u>MARCELINO</u> (Middle) <u>PEPE</u> (Last) <u>MATILDO</u>				51
14. CITIZENSHIP <u>PHILIPPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		52 53
16. OCCUPATION <u>DRIVER - CEBU CITY HALL</u>		17. Age at the time of this birth <u>25</u> years		54
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 22, 1994 MATANGAS, ZAMBO. SUR</u>				55 56 57
19a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Pilot (Traditional/Midwife) <input type="checkbox"/> Others (Specify)				58 59
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>3:15 A.M.</u> o'clock and/or on the date stated above.) Signature <u>[Signature]</u> Address <u>NGCH CEBU CITY</u> Name in Print <u>CARMENCITA FERNAN, M.D.</u> Title or Position <u>PHYSICIAN</u> Date <u>DECEMBER 10, 1997</u>				60 61
20. INFORMANT Signature <u>[Signature]</u> Address <u>25 Binakayan St., Cor Mabini Colon St., Cebu City</u> Name in Print <u>MARCELINO P. MATILDO</u> Relationship to the child <u>Father</u> Date <u>December 11, 1997</u>				62 63
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MADRYN P. JUMAO-AS</u> Title or Position <u>Officer</u> Date <u>December 11, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MADRYN P. JUMAO-AS</u> Title or Position <u>Officer</u> Date <u>December 11, 1997</u>		64 65

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Lisa Araco S. Bersales