NATIONAL STATISTICS OFFICE NSO

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines

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.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Cebu City
Registry No. 94-24517

CHILD

1. NAME (First) CHRISTOPHER IAN (Middle) MANGIAO (Last) QUINAL

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 27 October 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) CebuPuer.Center & Maternity House,Inc., (City/Municipality) CebuCity (Province) Cebu

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): first (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3240 grams

MOTHER

6. MAIDEN NAME (First) OFELIA (Middle) SANDICO (Last) MANGIAO

7. CITIZENSHIP: Fil.

8. RELIGION: Roman Catholic

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: housewife

11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) Gen. Lerga, (City/Municipality) Cebu City, (Province) Cebu

FATHER

13. NAME (First) CONRADO (Middle) MAYURAN (Last) QUINAL

14. CITIZENSHIP: Fil.

15. RELIGION: Roman Catholic

16. OCCUPATION: business

17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 12, 1992 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 9:46 o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: HAZEL GENIZA,M.D.
Title or Position: physician
Address: Cebu Puer.Center & Maternity House,Inc.,Cebu City
Date: October 27, 1994

20. INFORMANT
Signature: Conrado Quinal
Name in Print: CONRADO QUINAL
Relationship to the child: father
Address: Gen.Lerga, Cebu City
Date: October 27, 1994

21. PREPARED BY
Signature: [signature]
Name in Print: MARIANILLA C. HERNANDEZ
Title or Position: clerk
Date: October 27, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: SOBA A. NUNEZ
Title or Position: CLERK III
Date: RCD. NOV 24 1994

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