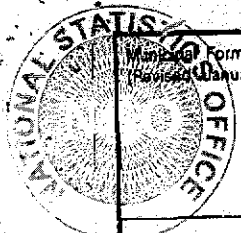


(Copy for OCRG)



Mandatory 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. 95-23370
City/Municipality CEBU CITY

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
CARL ADRIANE ABELLANOSA

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
17 SEPT. 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU PUEBLCENTER & MAT. HDQS., INC. CEBU 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)
FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH
2,900 grams

6. MAIDEN NAME (First) (Middle) (Last)
CAROLYN APOYON ABELLANOSA

7. CITIZENSHIP FIL. 8. RELIGION R.C.

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 STUDENT 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
28 SALVADOR EXT. LABANGON CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT APPLICABLE

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Healer (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 7:30 o'clock A.M. on the date stated above.

Signature Stella Ancheta Address CEBU PUEBLCENTER & MAT. HOUSE, INC., CEBU CITY
Name in Print STELLA ANCHETA, M.D. Date SEPT. 17, 1995
Title or Position PHYSICIAN

20. INFORMANT
Signature C. Abellanosa Address 28 SALVADOR EXT., CEBU CITY
Name in Print CAROLYN ABELLANOSA
Relationship to the child MOTHER Date SEPT. 17, 1995

21. PREPARED BY
Signature [Signature]
Name in Print NESTOR JAGNOC
Title or Position CLERK
Date SEPT. 17, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print WIDA A. NUNEZ
Title or Position CLERK III
Date OCT 12 1995

For OCRG USE ONLY:
Population Reference No.
[Blank]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2523372

48 1

49 1 50 170995

56 22178

61 [Blank]

62 121 64 2909

68 [Blank] 69 [Blank]

70 01 72 01 74 64

76 239 79 21

81 22178

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