



Form No. 102
January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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
City/Municipality Cebu City Registry No. 95-28182

1. NAME (First) GRAZEL ANN (Middle) DIGAL (Last) DURBAN

2. SEX X 1 Male X 2 Female 3. DATE OF BIRTH (day) 04 (month) Nov. (year) 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
Cebu Doctors Hospital Osmeña Blvd, Cebu City 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 3459 grams

6. MAIDEN NAME (First) Rovena (Middle) Abot (Last) Digal

7. CITIZENSHIP Filipino 8. RELIGION R.Catholic

9a. Total number of children born alive: 01 b. No. of children still living including 01 this birth: c. No. of children born alive but are now dead:

10. OCCUPATION Food Handler 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Camputhaw Escario St. Cebu City Cebu

13. NAME (First) Emelito (Middle) Oniping (Last) Durban

14. CITIZENSHIP Filipino 15. RELIGION R.Catholic

16. OCCUPATION Stock Clerk 17. Age at the time of this birth: 22 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
December 15, 1994 Oslob Cebu

19a. ATTENDANT X 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 o'clock am/pm on the date stated above.

Signature C. Cabrera Address Cebu Doctors Hospital Osmeña Blvd, Cebu City
Name in Print Cynthia M. Cabrera M.D. Date November 04, 1995
Title or Position Attending Physician

20. INFORMANT
Signature [Signature] Address Camputhaw Escario St. Cebu City
Name in Print Emelito O. Durban Date November 04, 1995
Relationship to the child Father

21. PREPARED BY [Signature] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Name in Print Greg Espino Signature [Signature] Name in Print JOY A. NUNEZ

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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