PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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. 2003 30557

CHILD

1. NAME (First): Andrie (Middle): Baylon (Last): Ciabo

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 18 October 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Sacred Heart Hospital Urgello St., 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): 2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3289 grams

MOTHER

6. MAIDEN NAME (First): Arlene (Middle): Besaldo (Last): Baylon

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Office Manager

11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 289 F. Llamas St., Punta Princesa, Cebu City, Cebu

FATHER

13. NAME (First): Arnaldo (Middle): Pabalasado (Last): Ciabo

14. CITIZENSHIP: Filipino

15. RELIGION: R.C.

16. OCCUPATION: Cost Analyst

17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 20, 1999 Talisay City

19a. ATTENDANT
___ 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 5:31 P.M. o'clock am/pm on the date stated above.

Signature: JOCELYN OLIVAN, M.D.
Name in Print: Attending Physician
Title or Position:
Address: C/O Sacred Heart Hospital Urgello St., Cebu City
Date: October 18, 2003

20. INFORMANT
Signature:
Name in Print: MRS. ARLENE B. CIABO
Relationship to the child: Mother
Address: 289 F. Llamas St., Punta Princesa, Cebu City
Date: October 18, 2003

21. PREPARED BY
Signature:
Name in Print: MRS. NOREEN V. MABALDO, R.N.
Title or Position: Charge Nurse
Date: October 18, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: ATTY. ANGELINE T. BALAYO
Title or Position: CITY CIVIL REGISTRAR
Date:

2003 OCT 2 4

For OCRG USE ONLY
Registration Number

To be filled up at the Office of the Civil Registrar General

05948-30-400KCM-00799-BI023

BEST POSSIBLE IMAGE

BReN
02217-B03UJ0G-6

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.