



(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 18a.)

Province Cebu Registry No. 98A3664
City/Municipality Mandaue City

1. NAME (First) John (Middle) Entice (Last) Osabel

For OCRG USE ONLY:
Population Reference No. 2230A98SJ05-6

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) 18 (month) Sept (year) 1998

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
Our Lady of Linaoag Maternity House & Medical Clinic H. Cortes St. Subandaku Mandaue City

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE-BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

9803664

c. BIRTH ORDER (live births and fetal deaths including this delivery) 4th (first, second, third, etc.)
d. WEIGHT AT BIRTH (live births only) 3400 grams

1

6. MAIDEN NAME (First) Eugenia (Middle) Micole (Last) Entice

1 180990

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

22301

10. OCCUPATION Housewife 11. Age at the time of this birth: 35 years

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12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Ruby St. Casals Vill. Mabo Cebu City

043400

13. NAME (First) Eduardo (Middle) Nacua (Last) Osabel

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

1 1

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

04 04 06

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 30, 1998 St. Joseph (Mabo) Parish Church Mabo

220 35

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Filipino (Traditional Midwife) 5 Others (Specify) C.O.

22178

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:10 pm o'clock am/pm on the date stated above.

Signature [Signature] Address Villa Aurora Mabo
Name in Print Dra. Lorna Embalzado City Cebu City
Title or Position Physician Date September 18, 1998

1 1 2770

20. INFORMANT
Signature [Signature] Address Ruby St. Casals Vill.
Name in Print Eugenia E. Osabel City Mabo Cebu City
Relationship to the child Mother Date September 18, 1998

999 34

21. PREPARED BY
Signature [Signature]
Name in Print Rosalita R. Solis
Title or Position Midwife
Date September 18, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print FLAVIANA G. BASILGO
Title or Position City Civil Registrar
Date 7/28/98

01/30/98
22178

1 09/28/98

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BEST POSSIBLE IMAGE



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Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office

